

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0011572 AT

DOCUMENT # **A99000000510**

1. Entity Name  
**DAVIS PARTNERSHIP, LTD.**

02 APR 24 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
**5380 NORTH OCEAN DRIVE, APT. 15-H**      **5380 NORTH OCEAN DRIVE, APT. 15-H**  
**SINGER ISLAND FL 33404**      **SINGER ISLAND FL 33404**

2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.		4400 PGA Boulevard Suite, Apt. #, etc. Suite 102			
City & State		City & State		4. FEI Number	
Zip		Zip		65-0910890	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
U.S.A.		U.S.A.		Applied For Not Applicable	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DAVIS, ADELE W</b> <b>5380 NORTH OCEAN DRIVE, APT. 15-H</b> <b>SINGER ISLAND FL 33404</b>			Name - <b>Thomas N. Silverman, Esq.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>4400 PGA Boulevard, Suite 102</b>		
			City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33410</b>		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Thomas N. Silverman* **3-22-02**  
Signature, typed or printed name of registered agent and title if applicable. **Thomas N. Silverman, Esq. Registered Agent**

9. Capital Contributions as Shown on record. **\$3,000,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DAVIS, ADELE W	STREET ADDRESS	
NAME	5380 NORTH OCEAN DRIVE, APT. 15-H	CITY-ST-ZIP	
STREET ADDRESS	SINGER ISLAND FL 33404		
CITY-ST-ZIP			
DOCUMENT #	KLEINMAN, SHERRY D	STREET ADDRESS	
NAME	17239 AVENUE DE LA HERRADURA	CITY-ST-ZIP	
STREET ADDRESS	PACIFIC PALISADES CA 90272		
CITY-ST-ZIP			
DOCUMENT #	DAVIS, SUSAN A	STREET ADDRESS	****526.25 ****526.25
NAME	110 GREENE STREET, APT. 10-D	CITY-ST-ZIP	000005414690--7
STREET ADDRESS	NEW YORK NY 10012		05/01/02 01033 013
CITY-ST-ZIP			****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas N. Silverman* **SIGNATURE REQUIRED**      22 March 2002      (212) 925-2011  
Signature and typed or printed name of signing general partner      Date      Daytime Phone #

CR2E003 (9/01)