


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003407 AV

**DOCUMENT #** **A99000000510**

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



FILED

03 JAN 28 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Mailing Address**  
4400 PGA BLVD., STE. 102  
PALM BEACH GARDENS FL 33410



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

**4. FEI Number** **65-0910890**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SILVERMAN, THOMAS N ESQ.**  
**4400 PGA BLVD., STE. 102**  
**PALM BEACH GARDENS FL 33410**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 FL. 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>KLEINMAN, SHERRY D</b> <b>17239 AVENUE DE LA HERRADURA</b> <b>PACIFIC PALISADES CA 90272</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVIS, SUSAN A</b> <b>110 GREENE STREET, APT. 10-D</b> <b>NEW YORK NY 10012</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>300010973413</b>
CITY-ST-ZIP	<b>01/28/03--01014--028 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

**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:** SIGNATURE: DICK KLEINMAN **1-13-2003** **310-459-4918**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #