


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000059</b> 1. Entity Name <b>DAVIS ASSOCIATES AND PARTNERS, LTD. LLLP</b>	
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Principal Place of Business <b>C/O FELICE S. DAVIS</b> <b>NINE ISLAND AVENUE, UNITE 615</b> <b>MIAMI BEACH, FL 33139</b>	Mailing Address <b>C/O FELICE S. DAVIS</b> <b>NINE ISLAND AVENUE, UNITE 615</b> <b>MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-1068651</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>ATRIUM REGISTERED AGENTS, INC.</b> <b>1500 SAN REMO AVENUE, SUITE 125</b> <b>CORAL GABLES, FL 33146</b>	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 <b>\$4,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date <b>4,000,000.00</b>
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**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, FELICE S	STREET ADDRESS	
NAME	NINE ISLAND AVENUE, UNIT 615	CITY-ST-ZIP	
STREET ADDRESS	MIAMI BEACH, FL 33139		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000158648
NAME		CITY-ST-ZIP	05/01/04-80030-009 535.00
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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:** *Felice S. Davis* **Felice S. Davis** *4/27/04* *305) 535.3005*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE