


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 8:19

DOCUMENT # A0000000830 1. Entity Name PAUL DAVID, JR. FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 8410 S.E. 7TH AVENUE ROAD OCALA, FL 34480		Mailing Address 8410 S.E. 7TH AVENUE ROAD OCALA, FL 34480			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVID JR, PAUL 8410 S.E. 7TH AVENUE ROAD OCALA, FL 34480				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	NAME		STREET ADDRESS		
NAME	DAVID JR, PAUL		CITY-ST-ZIP		
STREET ADDRESS	8410 SE 7TH AVE, ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DAVID, FRANCES B		CITY-ST-ZIP		
STREET ADDRESS	8410 SE 7TH AVE, ROAD		CITY-ST-ZIP		
CITY-ST-ZIP	OCALA, FL		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: <i>Paul David Jr</i>			Date: 3/3/05		Daytime Phone #: 352 402 8950
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

Handwritten initials



01212005 Chg-LP CR2E003 (10/03)

4. FEI Number **51-0422152** Applied For Not Applicable

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

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03/15/05--01011--014 **526.25