


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000934</b> 1. Entity Name DAVIS INVESTMENTS COMPANY, LTD.	
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Principal Place of Business 295 MARSH LAKES DRIVE FERNANDINA BEACH FL 32034	Mailing Address 295 MARSH LAKES DRIVE FERNANDINA BEACH FL 32034
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3651318	Applied For Not Applicable
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6. Name and Address of Current Registered Agent DAVIS, WILLIAM H 295 MARSH LAKES DRIVE FERNANDINA BEACH FL 32034
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date 4,369,546.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P00000055466	STREET ADDRESS	
NAME	DAVIS INVESTMENTS COMPANY, INC.	CITY - ST - ZIP	
STREET ADDRESS	295 MARSH LAKES DRIVE		
CITY - ST - ZIP	FERNANDINA BEACH FL 32034		
DOCUMENT #		STREET ADDRESS	U00000159159
NAME		CITY - ST - ZIP	05/10/04-90018-016 526.25
STREET ADDRESS			
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	ROScoe H. MULLIS, CPA 04/29/04 912-729-5257	C.P.A.
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STAPLE CHECK HERE