


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000002035 1. Entity Name ROBERT N. DAVIS FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 90 DUNLAWTON AVENUE PORT ORANGE, FL 32127	Mailing Address 90 DUNLAWTON AVENUE PORT ORANGE, FL 32127
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03102004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3262532	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIS, ROBERT N
90 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

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. \$2,286,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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, ROBERT N	STREET ADDRESS	
NAME	627 HERBERT STREET	CITY - ST - ZIP	
STREET ADDRESS	PORT ORANGE, FL 32129		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	U000000095338
NAME		CITY - ST - ZIP	03/24/04-80027-024 526.25
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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: Robert N. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/04 386-767-1348
 Date Daytime Phone #

Robert N. DAVIS

STAPLE CHECK HERE