

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A00000002035

1. Entity Name
 ROBERT N. DAVIS FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 28 AM 9:04

Principal Place of Business
 90 DUNLAWTON AVENUE
 PORT ORANGE, FL 32127

Mailing Address

90 DUNLAWTON AVENUE
 PORT ORANGE, FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3262532

Applied For
 Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. \$2,286,000.00

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
 CITY-ST-ZIP

DAVIS, ROBERT N
 627 HERBERT STREET
 PORT ORANGE, FL 32129

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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200049885962
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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: Virginia Hodder Virginia D. Hodder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/05 386-767-1343

Date Daytime Phone #