

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A01000000059		
1. Entity Name DAVIS ASSOCIATES AND PARTNERS, LTD. LLLP		

Principal Place of Business C/O FELICE S. DAVIS NINE ISLAND AVENUE, UNITE 615 MIAMI BEACH, FL 33139	Mailing Address C/O FELICE S. DAVIS NINE ISLAND AVENUE, UNITE 615 MIAMI BEACH, FL 33139
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1068651		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146		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 _____
-----------------	------------

9. Capital Contributions as Shown on record \$4,000,000.00	10. Amount of Capital Contributions in FLORIDA to date 4,000,000.00
--	---

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
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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:  Felice S. Davis	4/27/04	305) 535.3005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #

STAPLE CHECK HERE