



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR -8 AM 8:37

DOCUMENT # A01000000854					
1. Entity Name DAVIS HERITAGE HOLDING COMPANY LTD.					
Principal Place of Business 20725 SW 46TH AVENUE NEWBERRY, FL 32669			Mailing Address 20725 SW 46TH AVENUE NEWBERRY, FL 32669		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01112005 Chg-LP CR2E003 (10/03) 62-1859878			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY, FL 32669			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. \$100.00			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 #	G72943		STREET ADDRESS		
NAME	EARTHART, INCORPORATED		CITY-ST-ZIP		
STREET ADDRESS	20725 SW 46TH AVENUE				
CITY-ST-ZIP	NEWBERRY, FL 32669				
DOCUMENT #			STREET ADDRESS	300048399213	
NAME			CITY-ST-ZIP	03/15/05--01010--010 **141.25	
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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:  Stefan M. Davis			2/24/05		352-472-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE