FILED
Jan 25, 2005 08:00 AM
Secretary of State

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A01000000913

1. Entity Name
L.V. DAVIS & SONS LIMITED PARTNERSHIP

Principal Place of Business
4350 GARCON POINT ROAD
BAGDAD, FL 32530

Mailing Address
P.O. BOX 252
BAGDAD, FL 32530

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

01192005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3731069 ☐ 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
DAVIS, JOHN H 4350 GARCON POINT ROAD BAGDAD, FL 32530	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. $5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,475,862.61

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 #	L01000010319	STREET ADDRESS	
NAME	L.V. DAVIS & SONS MANAGEMENT, L.L.C.		
STREET ADDRESS	4350 GARCON POINT ROAD	CITY-ST-ZIP	000000136670 01/26/05-80077-023 526.25
CITY-ST-ZIP	BAGDAD, FL 32530		
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STAPLE CHECK HERE

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: John H. Davis [signature] 01/20/05 (850) 623-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #