


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000913 1. Entity Name L.V. DAVIS & SONS LIMITED PARTNERSHIP	
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Principal Place of Business
4350 GARCON POINT ROAD
BAGDAD, FL 32530

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



DO NOT WRITE IN THIS SPACE

04032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3731069	Applied For <input type="checkbox"/> 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, JOHN H
4350 GARCON POINT ROAD
BAGDAD, FL 32530

**DO NOT WRITE
IN THIS SPACE**

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT #	L01000010319
NAME	L.V. DAVIS & SONS MANAGEMENT, L.L.C.
STREET ADDRESS	4350 GARCON POINT ROAD
CITY-ST-ZIP	BAGDAD, FL 32530
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80046-019 500.00~M

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 04/14/06 (850) 623-5390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE