


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000683 1. Entity Name THE DAVIS DODD FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2221 QUEEN PALM RD. BOCA RATON, FL 33432	Mailing Address C/O REDGRAVE & TURNER OLIVER LLP 120 E. PALMETTO PARK RD., STE 450 BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt # etc
City & State	City & State
Zip	Country

01262004 Chg-LP CR2E003 (10/03)

4. FEI Number 75-3061136	Applied For 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 ROSS, JEAN D 2221 QUEEN PALM RD. BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 \$655,000.00	10. Amount of Capital Contributions in FLORIDA to date
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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	P02000052989 DODD-ROSS, INC. 2221 QUEEN PALM RD. BOCA RATON, FL 33432	STREET ADDRESS CITY - ST - ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/19/04 561.702.8536

STAPLE CHECK HERE