

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:21

DOCUMENT # A02000000683

1. Entity Name
THE DAVIS DODD FAMILY LIMITED PARTNERSHIP



Principal Place of Business
2221 QUEEN PALM RD.
BOCA RATON, FL 33432

Mailing Address
C/O REDGRAVE & ~~TURNER~~ Rosenthal
120 E. PALMETTO PARK RD., STE 450
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222005 Chg-LP CR2E003 (10/03)

4. FEI Number

75-3061136

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

ROSS, JEAN D
2221 QUEEN PALM RD.
BOCA RATON, FL 33432

Name
~~Redgrave & Rosenthal, LLP~~
Street Address (P.O. Box Number is Not Acceptable)
120 East Palmetto Park Road, Suite 450
Boca Raton, FL 33432
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

Shelly Wall Shively

DATE

9. Capital Contributions
as Shown on record. \$655,000.00

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 # P02000052989
NAME DODD-ROSS, INC.
STREET ADDRESS 2221 QUEEN PALM RD.
CITY-ST-ZIP BOCA RATON, FL 33432

STREET ADDRESS
CITY-ST-ZIP

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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:

LYNN ROSS

Date

Daytime Phone #

04/06/05 561.702.0536

STAPLE CHECK HERE