

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A02000000683

1. Entity Name  
THE DAVIS DODD FAMILY LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 9:21

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

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

000055985458  
06/09/05-01074-010 \*\*526.35

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: *Wm Ross*

*Lynne Ross*

04/06/05 561.702.8536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE