2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000683

1. Entity Name
THE DAVIS DODD FAMILY LIMITED PARTNERSHIP

FILED

2007 MAR 15 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2221 QUEEN PALM RD. BOCA RATON, FL 33432	C/O REDGRAVE & TURNER 120 E. PALMETTO PARK RD., STE 450 BOCA RATON, FL 33432

02262007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	c/o Redgrave & Rosenthal LLP Suite, Apt. #, etc
City & State	City & State (name change only)
Zip / Country	Zip / Country

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
REDGRAVE & ROSENTHAL, LLP 120 EAST PALMETTO PARK RD. SUITE 450 BOCA RATON, FL 33432	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

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000052989	STREET ADDRESS	
NAME	DODD-ROSS, INC.	CITY ST ZIP	
STREET ADDRESS	2221 QUEEN PALM RD.		
CITY ST ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	100094621351 03/23/07--01049--003 **500.00
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STAPLE CHECK HERE

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: _____ 03 02 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #