

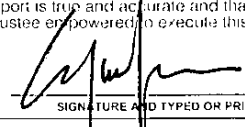
2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 120 E. PALMETTO PARK RD., STE 450 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address c/o Redgrave & Rosenthal LLP Suite, Apt. #, etc. City & State (name change only) Zip	
		02262007 Chg-LP CR2E003 (12/06)	
		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 REDGRAVE & ROSENTHAL, LLP 120 EAST PALMETTO PARK RD. SUITE 450 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	
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 # 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 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: 		030207	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE