FILED

03 MAY 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000683

1. Entity Name
THE DAVIS DODD FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2221 QUEEN PALM RD. BOCA RATON, FL 33432	[illegible]

2. Principal Place of Business	3. Mailing Address
	c/o Redgrave & Turner LL 120 E. Palmetto Park Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 450
City & State	City & State Boca Raton, FL
Zip / Country	Zip 33432 / Country U.S.A.

DUE BY MAY 1, 2003

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: 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.

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

10. Amount of Capital Contributions in FLORIDA to date. $655,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.		
STREET ADDRESS	2221 QUEEN PALM RD.	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME			
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STAPLE CHECK HERE

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: W. W. Ross President of G.P. 05.27.03 703.356.5051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #