

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # A04000000115</b>					
1. Entity Name <b>SOFRAN DAVENPORT, LTD.</b>					
Principal Place of Business <b>818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>818 A-1-A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0658028</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>ROULEAU, ROBERT</b> <b>818 A-1-A NORTH, SUITE 203</b> <b>PONTE VEDRA BEACH, FL 32082</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 trustee, if applicable.					
9. Capital Contributions as Shown on record. <b>\$99.00</b>			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 #	<b>P00441</b>	STREET ADDRESS	
NAME	<b>THE SOFRAN CORPORATION</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>818 A-1-A NORTH, SUITE 203</b>		
CITY-ST-ZIP	<b>PONTE VEDRA BEACH, FL 32082</b>		
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NAME		CITY-ST-ZIP	
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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 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