


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A04000000115	
1. Entity Name SOFRAN DAVENPORT, LTD.	

Principal Place of Business 818 A 1 A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082	Mailing Address 818 A 1 A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business - No P.O. Box # 4312 Pablo Professional Ct.	3. Mailing Address 4312 Pablo Professional Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224	Zip 32224
Country USA	Country USA

01072008	Chg-LP	CR2E003 (12/06)
4. FEI Number 20-0658028	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROULEAU, ROBERT 818 A 1 A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082 4312 Pablo Professional Court Jacksonville, FL 32224

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 fee if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	P00441 THE SOFRAN CORPORATION 818 A 1 A NORTH, SUITE 203 PONTE VEDRA BEACH, FL 32082	STREET ADDRESS CITY - ST - ZIP	4312 Pablo Professional Court Jacksonville, FL 32224
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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:  1/8/08 904/821-8098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
08 JAN 30 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE