

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000001199

1. Entity Name

**MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP,
LLLP**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 23 AM 8:55

Principal Place of Business

2609 NORTH DUNDEE STREET
TAMPA FL 33629

Mailing Address

5403 CRESCENT DRIVE
TAMPA FL 33611

2. Principal Place of Business

5403 Crescent Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip
33611

Country

Hillsborough

Zip

Country

4. FEI Number

20-1416591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELY, JANET D
2609 NORTH DUNDEE STREET
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name Deborah D. Thomas

Street Address (P.O. Box Number is Not Acceptable)

5403 - Crescent Dr.

City Tampa

FL

Zip Code

33611

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 *Deborah D. Thomas*

Signature, typed or printed name of registered agent and title if applicable.

DATE

2/23/05

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions
as Shown on record.

\$49,500.00

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

DOCUMENT #
NAME ELY, JANET D
STREET ADDRESS 2609 NORTH DUNDEE STREET
CITY-ST-ZIP TAMPA FL 33629

DOCUMENT #
NAME DAVIS, CHARLES M JR
STREET ADDRESS 1010 FRANKLAND ROAD
CITY-ST-ZIP TAMPA FL 33629

DOCUMENT #
NAME THOMAS, DEBORAH D
STREET ADDRESS 5403 CRESCENT DRIVE
CITY-ST-ZIP TAMPA FL 33611

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400056302524
06/17/05--01040--018 **435.25

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: *Deborah D. Thomas* *Deborah D. Thomas* 2/23/05 (813)902-0773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE