


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 13, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A04000001199**  
1. Entity Name  
**MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP,  
LLLP**



Principal Place of Business  
**5403 CRESCENT DR  
TAMPA, FL 33611**

Mailing Address  
**5403 CRESCENT DR  
TAMPA, FL 33611**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-LP      CR2E003 (11/05)

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

**THOMAS, DEBORAH D  
5403 CRESCENT DR.  
TAMPA, FL 33011**

**DO NOT WRITE  
IN THIS SPACE**

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      4/10/06  
Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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**

DOCUMENT #	
NAME	<b>ELY, JANET D</b>
STREET ADDRESS	<b>2609 NORTH DUNDEE STREET</b>
CITY - ST - ZIP	<b>TAMPA, FL 33629</b>
DOCUMENT #	
NAME	<b>DAVIS, CHARLES M JR</b>
STREET ADDRESS	<b>1010 FRANKLAND ROAD</b>
CITY - ST - ZIP	<b>TAMPA, FL 33629</b>
DOCUMENT #	
NAME	<b>THOMAS, DEBORAH D</b>
STREET ADDRESS	<b>5403 CRESCENT DRIVE</b>
CITY - ST - ZIP	<b>TAMPA, FL 33611</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000505925  
04/27/06-80001-011 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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: Deborah D. Thomas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #