


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

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

<b>DOCUMENT #</b> A04000001199 <b>1. Entity Name</b> MARGARET E. DAVIS FAMILY LIMITED PARTNERSHIP, LLLP	
--	---

<b>Principal Place of Business</b> 5403 CRESCENT DR TAMPA, FL 33611	<b>Mailing Address</b> 5403 CRESCENT DR TAMPA, FL 33611
---	---

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-LP

CR2E003 (11/05)

<b>4. FEI Number</b> 20-1416591	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	ELY, JANET D 2609 NORTH DUNDEE STREET TAMPA, FL 33629
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DAVIS, CHARLES M JR 1010 FRANKLAND ROAD TAMPA, FL 33629
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	THOMAS, DEBORAH D 5403 CRESCENT DRIVE TAMPA, FL 33611
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

000000505925  
04/27/06-80001-011 500.00

**DO NOT WRITE IN THIS SPACE**

**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 #