

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 20, 2008 08:00 A
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**



02232008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

DATE

**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

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

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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000864952
04/07/08-80008-006 500.00

**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

3/17/08 (813)902-0723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #