


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FIELD
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 13 PM 7:01

DOCUMENT # A05000001289	
1. Entity Name M. M. DAVIS HOLDINGS, LTD.	

Principal Place of Business 1000 N. HIGHWAY 1 BAHAMA 102 JUPITER, FL 33477	Mailing Address 1000 N. HIGHWAY 1 BAHAMA 102 JUPITER, FL 33477
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2. Principal Place of Business 1000 N. US Highway 1 Suite, Apt. #, etc. Bahama 102 City & State Jupiter, FL Zip 33477	3. Mailing Address 1000 N. US Highway 1 Suite, Apt. #, etc. Bahama 102 City & State Jupiter, FL Zip 33477
Country Palm Beach	Country Palm Beach

04102006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3084664	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEMPE, JOSEPH C 941 NORTH HIGHWAY A1A JUPITER, FL 33477	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
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FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
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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.	
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12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000091594	STREET ADDRESS	1000 N. US Highway 1, Bahama 102
NAME	M.M. DAVIS MANAGEMENT, INC.	CITY-ST-ZIP	Jupiter, FL 33477
STREET ADDRESS	1000 N. HIGHWAY 1, BAHAMA 102		
CITY-ST-ZIP	JUPITER, FL 33477		
DOCUMENT #		STREET ADDRESS	900072773969
NAME		CITY-ST-ZIP	04/28/06--01035--028 **350.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900072773969
NAME		CITY-ST-ZIP	04/28/06--01035--029 **150.00
STREET ADDRESS			
CITY-ST-ZIP			

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	
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SIGNATURE: <i>Miriam M. Davis</i>	4/10/06	561-746-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

Miriam M. Davis, President of M. M. Davis Management, Inc.,

STAPLE CHECK HERE