


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000089

1. Entity Name
SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PARTNERSHIP



Principal Place of Business — Mailing Address
1560 LANCASTER TERRACE, #1500 JACKSONVILLE, FL 32204 **1560 LANCASTER TERRACE, #1500 JACKSONVILLE, FL 32204**

2. Principal Place of Business — 3. Mailing Address

Suite, Apt #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

02012005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3254169** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

**CONE, FRED M JR
 FRED M. CONE, P.A.
 50 N. LAURA STREET, STE. 2600
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name —
 Street Address (P.O. Box Number is Not Acceptable) —
 City — **FL** Zip Code —

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 —

9. Capital Contributions as Shown on record. **\$5,000,000.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000088317	STREET ADDRESS	
NAME	SNEAD Y. DAVIS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1560 LANCASTER TERRACE, #1500		1000000230093
CITY-ST-ZIP	JACKSONVILLE, FL 32204		02/15/05-80028-009 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: *Snead Y Davis, Inc.* **2-7-05** **904 355-8941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **SNEAD Y. DAVIS** DATE Daytime Phone #