
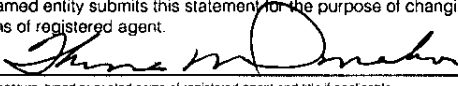
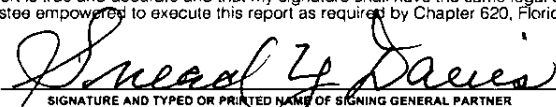


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 FEB 19 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000089					
1. Entity Name SNEAD Y. DAVIS SANTA FE RIVER RANCH LIMITED PARTNERSHIP					
Principal Place of Business 1560 LANCASTER TERRACE, #1500 JACKSONVILLE, FL 32204		Mailing Address 1560 LANCASTER TERRACE, #1500 JACKSONVILLE, FL 32204			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3254169	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
01302008		Chg-LP		CR2E003 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONE, FRED M JR FRED M. CONE, P.A. 50 N. LAURA STREET, STE. 2600 JACKSONVILLE, FL 32202			Name Thomas M. Donahoo		
			Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street		
			Suite 2925		
			City Jacksonville		FL
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 		DATE 2/4/08			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P93000088317		STREET ADDRESS		
NAME	SNEAD Y. DAVIS, INC.		CITY-ST-ZIP		
STREET ADDRESS	1560 LANCASTER TERRACE, #1500		200118554572 02/21/08--01037--013 **500.00		
CITY-ST-ZIP	JACKSONVILLE, FL 32204				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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					
SIGNATURE: 		DATE 02/04/08		Daytime Phone # 904 354 8080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE