FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT**





FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A94000000874

DAVIDSON HOLDINGS, LTD.

FILE() SECRETARY OF STATE DIVISION OF CORPORATIONS

95 00T 10 PM 12: 12



Mailing Address \$300 NORTH A1A, APARTMENT 414	Principal Office Address 5300 NORTH A11A, APARTMENT 414		3. Date Formed or Registered 06/29/1994	5a. Capital Contributions as Shown on record \$4,000,000.00
VERO BEACH FL 32963	VERO BEACH FL 32963		3a. Date of Last Report 10/05/1995	5b. Aniount of Capital
2. Mailing Address	2a. Principal Office Address	3	4. State or Country of Formation	Contributions in FLORIDA to date
Suite, Apt. #, etc	Suite, Apt. #, etc.			Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Add-tional
Zip Country	Zip	Country	8. Make check payable to Dept of	Fee Required If State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registere	d Agent/Office
DAVIDSON, T. KIRBY 5300 NORTH A1A, APARTMENT 414 VERO BEACH FL 32963		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt #, etc		
		City		FL Zip Code
	ice or registered agent, or both, in the State o		thip organized or registered under the laws of to was authorized by its general partner(s). Ther	he State of Florida, submits this statem
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ice or registered agent, or both, in the State of patiens of section 620-192 Florida Statutes nt) AT IS A CORPORATION UST BE REGISTERED A	I, LIMITED F	DATE PARTNERSHIP OR OTHE E WITH THIS OFFICE.	the State of Florida, submits this statement of register et y accept the appointment of register et accept the Appointment of Registration/
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THEM! 11. Name(s) of General Partner(s)	ice or registered agent, or both, in the State of patients of section 620-192. Florida Statutes int)	I, LIMITED F AND ACTIVE oneral Partner ce Box Numbers)	DATE PARTNERSHIP OR OTHE WITH THIS OFFICE. 11b. Cty. State & Zip Code	the State of Florida, submits this staten etby accept the appointment of registe R BUSINESS ENTIT 11c. Registration/ Document Number
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE	ice or registered agent, or both, in the State of patients of section 620-192. Florida Statutes int)	I, LIMITED F AND ACTIVE oneral Partner ce Box Numbers)	DATE PARTNERSHIP OR OTHE WITH THIS OFFICE. 11b. City. State 8 Zip Code MALDEN MA 02148	the State of Florida, submits this statement of register appointment of register appointment of register BUSINESS ENTITY
for the purpose of changing its registered off agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THEM) 11. Name(s) of General Partner(s)	ice or registered agent, or both, in the State of patients of section 620-192. Florida Statutes int)	I, LIMITED F AND ACTIVE oneral Partner ce Box Numbers)	DATE PARTNERSHIP OR OTHE WITH THIS OFFICE. 11b. City. State 8 Zip Code MALDEN MA 02148	ER BUSINESS ENTITED TO STATE THE PROPERTY OF T

SIGNATURE - FIRE LIL , PMS DATE 9/30/91

Typed or Printed Name of General Partner Signing Form DAVIDSON CHEVROLET, GREG. DAVIDSON, PRE-Saytime Tetephone Number (617) 321-1450

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee errowered to execute this report as required by chapter 620, Florida Statutes.