



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # A95000000657</b> 1. Entity Name CARROLL DAVIDSON PARTNERSHIP, LTD.					
Principal Place of Business 3525 MURRELL ROAD, SUITE 3 ROCKLEDGE, FL 32955			Mailing Address 3525 MURRELL ROAD, SUITE 3 ROCKLEDGE, FL 32955		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>59-3334903</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03072005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent  DAVIDSON, CAROLYN L 3525 MURRELL ROAD, SUITE 3 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$30,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>9/32,939.31</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P95000028172		STREET ADDRESS		
NAME	DAVIDSON ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	3525 MURRELL ROAD, SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Carolyn Lee Davidson, president</i> <b>March 22, 2005</b> <b>321 635 3505</b>					

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