2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
08 FEB 19 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/07)

DOCUMENT # A95000000657

1. Entity Name

CARROLL DAVIDSON PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
916 FLORIDA AVENUE SUITE A COCOA FL 32922	PO BOX 561498 ROCKLEDGE FL 32956-1498

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3334903 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIDSON, CAROLYN L 3525 MURRELL ROAD, SUITE 3 ROCKLEDGE FL 32955	Name: DAVIDSON, CAROLYN L. Street Address (P.O. Box Number is Not Acceptable): 916 FLORIDA AVENUE Ste A City: COCOA FL Zip Code: 32922

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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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 #	P95000028172	STREET ADDRESS	916 FLORIDA AVENUE Ste. A
NAME	DAVIDSON ENTERPRISES, INC.		
STREET ADDRESS	3525 MURRELL ROAD, SUITE 3	CITY-ST-ZIP	COCOA, FL 32922
CITY-ST-ZIP	ROCKLEDGE FL 32955		
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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 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.

Carolyn Lee Davidson, president Davidson Enterprises, Inc.

SIGNATURE: Managing General Partner, Carroll Davidson Partnership, Ltd. 2/5/08 321 638 3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #