

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000000216					
1. Entity Name FORBES DAVIS FAMILY LIMITED PARTNERSHIP, LTD.					
Principal Place of Business 1811 SOUTH POINTE DRIVE SARASOTA, FL 34231			Mailing Address 1811 SOUTH POINTE DRIVE SARASOTA, FL 34231		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3424106	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOREMAN, MICHAEL L ESQ. C/O ICARD, MERRILL, ET AL 2033 MAIN STREET SARASOTA, FL 34230				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$76,230.00			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 #	NAME		STREET ADDRESS		
	DAVIS, NAN S TRUSTEE				
	1811 SOUTH POINTE DRIVE		CITY-ST-ZIP		
	SARASOTA, FL 34231				
DOCUMENT #	NAME		STREET ADDRESS		
	DAVIS MORROW, REGINA TRUSTEE				
	1811 SOUTH POINTE DRIVE		CITY-ST-ZIP		
	SARASOTA, FL 34231			000000159359 05/10/04-80026-015 526.25	
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			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.					
SIGNATURE: <i>Nan S. Davis</i>			Date: <i>April 29, 2004</i>		Daytime Phone #: <i>941-924-0752</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



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