
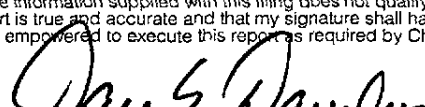


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001069					
1. Entity Name DAVIDSON FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3418 WOODLEY DR. TALLAHASSEE FL 32308		Mailing Address P.O. BOX 1479 THOMASVILLE GA 31799			
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 59-3458098	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIDSON, GENE L 3418 WOODLEY DRIVE TALLAHASSEE FL 32308				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. \$3,532,464.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 #	DAVIDSON, GENE L 3418 WOODLEY DR. TALLAHASSEE FL 32308			STREET ADDRESS	000000096225 03/25/04-00018-015 526.25
NAME					
CITY-ST-ZIP					
DOCUMENT #	DAVIDSON, STANLEY K 212 S. TRYON, STE. 1440 CHARLOTTE NC 28281			STREET ADDRESS	
NAME					
CITY-ST-ZIP					
DOCUMENT #	DAVIDSON, DALE S 1510 MILLPOND RD. THOMASVILLE GA 31792			STREET ADDRESS	
NAME					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME					
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)(f), 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:  DALE S. DAVIDSON				2-9-04 229-726-2565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE