


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A97000001069 1. Entity Name DAVIDSON FAMILY LIMITED PARTNERSHIP	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -8 PM 12: 06

Principal Place of Business 3418 WOODLEY DR. TALLAHASSEE FL 32308	Mailing Address P.O. BOX 1479 THOMASVILLE GA 31799
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2. Principal Place of Business 9331 Royal Troon Drive Suite, Apt. #, etc.	3. Mailing Address 221 East 6th Avenue Suite, Apt. #, etc.
City & State Tallahassee, Florida	City & State Tallahassee, Florida
Zip 32312 Country Leon	Zip 32303 Country Leon



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent DAVIDSON, GENE L 3418 WOODLEY DRIVE TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name Wm. Larry Henley Street Address (P.O. Box Number is Not Acceptable) 221 East 6th Avenue City Tallahassee FL Zip Code 32303
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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 *Wm. Larry Henley* DATE **1-26-05**

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$3,532,464.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 CITY-ST-ZIP	DAVIDSON, GENE L 3418 WOODLEY DR. TALLAHASSEE FL 32308	STREET ADDRESS CITY-ST-ZIP	9331 Royal Troon Drive Tallahassee, FL 32312
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, STANLEY K 212 S. TRYON, STE. 1440 CHARLOTTE NC 28281	STREET ADDRESS CITY-ST-ZIP	5401 Burwash Court Charlotte, NC 28277
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, DALE S 1510 MILLPOND RD. THOMASVILLE GA 31792	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100046653141 02/15/05--01058--010 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *Gene L. Davidson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-1-05 **510-4040**
Date Daytime Phone #