

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A97000001069

1. Entity Name

DAVIDSON FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 10:42

Principal Place of Business

Mailing Address

~~9331 ROYAL TROON DRIVE~~

221 EAST 6TH AVENUE

~~TALLAHASSEE FL 32312~~

TALLAHASSEE FL 32303

3218 Pablo Creek Way
TALL. FL 32312

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

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

HENLEY, WM. LARRY
221 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIDSON, GENE L
9331 ROYAL TROON DRIVE
TALLAHASSEE FL 32312

STREET ADDRESS

CITY-ST-ZIP

3218 Pablo Creek Way
TALL. FL 32312

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIDSON, STANLEY K
5401 BURWASH COURT
CHARLOTTE NC 28277

STREET ADDRESS

CITY-ST-ZIP

600065862876
02/15/06--01004--012 **500.00

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE:

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

1-23-06

Date

Daytime Phone #

STAPLE CHECK HERE