

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

Davidson
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 APR 14 AM 8:15

DOCUMENT # A97000001069	
1. Entity Name DAVIDSON FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 3218 PABLO CREEK WAY TALLAHASSEE FL 32312	Mailing Address 221 EAST 6TH AVENUE TALLAHASSEE FL 32303
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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

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3458098	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENLEY, WM.-LARRY 221 EAST 6TH AVENUE TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
(Signature, typed or printed name of registered agent and office of applicability)

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 # NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, GENE L TRUSTEE 3218 PABLO CREEK WAY TALLAHASSEE FL 32312	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, STANLEY K 5401 BURWASH COURT CHARLOTTE NC 28277	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, DALE C 403 NORTH DAWSON STREET THOMASVILLE GA 31792	STREET ADDRESS CITY-ST-ZIP	
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~~300123071683~~
~~04/11/08-01848-013 **500.00~~

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: *Wm. Larry Henley* *Wm. Larry Henley* 3/25/08 850 222 8712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Filing Phone #

STAPLE CHECK HERE