


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001137

1. Entity Name
W & J DAVIS FAMILY LTD.



Principal Place of Business ATTN: W.F. DAVIS III 22 NE 22 AVENUE POMPANO BEACH, FL 33062	Mailing Address ATTN: W.F. DAVIS III 22 NE 22 AVENUE POMPANO BEACH, FL 33062
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03022004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0767479

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLASSER, GENE K
 C/O ABRAMS, ANTON, ET AL
 2021 TYLER STREET
 HOLLYWOOD, FL 33022**

7. Name and Address of New Registered Agent

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 _____

9. Capital Contributions as Shown on record \$500,000.00	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 #	DAVIS, WILLIAM F JR.	STREET ADDRESS	
NAME	22 NE 22 AVE.	CITY - ST - ZIP	
STREET ADDRESS	POMPANO BEACH, FL 33062		
CITY - ST - ZIP			
DOCUMENT #	DAVIS, JEANNE L	STREET ADDRESS	000000090311
NAME	22 N.E. 22ND AVENUE	CITY - ST - ZIP	03/17/04-80006-023 525.25
STREET ADDRESS	POMPANO BEACH, FL 33062		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

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: William F. Davis **WILLIAM F. DAVIS** 3-2-04 (954) 784-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #