

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 31, 2006 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



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0767479

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT #	
NAME	DAVIS, WILLIAM F JR.
STREET ADDRESS	22 NE 22 AVE.
CITY-ST-ZIP	POMPANO BEACH, FL 33062
DOCUMENT #	
NAME	DAVIS, JEANNE L
STREET ADDRESS	22 N.E. 22ND AVENUE
CITY-ST-ZIP	POMPANO BEACH, FL 33082
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80017-017 500.00

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STAPLE CHECK HERE

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: _____

WILLIAM F. DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-26-06
Date

(954) 784-9400
Daytime Phone #