

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

TOTAL FEE PER DEPT OF STATE
\$526.25 (1/29/98)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 16 AM 11:13

1. Name of Limited Partnership THE DAVIDSON'S CLEANERS LTD. FAMILY PARTNERSHIP		1a. DOCUMENT # A97000002261	
Mailing Address P.O. BOX 401 LA BELLE, FL 33975		Principal Office Address 325 N. Bridge St. LA BELLE, FL 33935	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 10/20/97		5a. Capital Contributions as Shown on record. 250,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FLORIDA		6. FEI Number 65-0782140	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent BEAUFORD E. DAVIDSON P.O. BOX 401 LA BELLE, FL 33975-0401		10. If changed, new Registered Agent/Office Name BEAUFORD E. DAVIDSON Street Address (P.O. Box Number Is Not Acceptable) 352 LEE ST. Suite, Apt. #, etc. 2000002435402--7 City LABELLE, FL 33935	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Janis L. Davidson

DATE

1/30/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BEAUFORD E. DAVIDSON	325 N. BRIDGE ST	LA BELLE FL 33935	
JANIS L. DAVIDSON	325 N. BRIDGE ST	LA BELLE FL 33935	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Janis L. Davidson

DATE

1/30/98

Typed or Printed Name of General Partner Signing Form

Janis L. Davidson

Daytime Telephone Number

441-675-2613

CR2E003 (6/97)