

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A97000002261 1. Entity Name THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP					
Principal Place of Business 325 NORTH BRIDGE STREET LABELLE, FL 33935			Mailing Address P.O. BOX 401 LA BELLE, FL 33975		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0782140	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDSON, BEAUFORD E 352 LEE ST. LABELLE, FL 33935				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$250,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
NAME	DAVIDSON, BEAUFORD E		CITY - ST - ZIP		
STREET ADDRESS	325 NORTH BRIDGE STREET		CITY - ST - ZIP		
CITY - ST - ZIP	LABELLE, FL 33935		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	DAVIDSON, JANIS L		CITY - ST - ZIP		
STREET ADDRESS	325 NORTH BRIDGE STREET		CITY - ST - ZIP		
CITY - ST - ZIP	LABELLE, FL 33935		CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Janis L. Davidson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE: <i>3/3/04</i>		DAYTIME PHONE: <i>863-675-2615</i>

STAPLE CHECK HERE