

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002261</b>					
<b>1. Entity Name</b> THE DAVIDSON'S CLEANERS LIMITED FAMILY PARTNERSHIP					
<b>Principal Place of Business</b> 325 NORTH BRIDGE STREET LABELLE, FL 33935			<b>Mailing Address</b> P.O. BOX 401 LA BELLE, FL 33975		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02202005 Chg-LP CR2E003 (10/03) 65-0782140	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAVIDSON, BEAUFORD E 352 LYE ST. LABELLE, FL 33935			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$250,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, BEAUFORD E 325 NORTH BRIDGE STREET LABELLE, FL 33935		STREET ADDRESS CITY-ST-ZIP		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, JANIS L 325 NORTH BRIDGE STREET LABELLE, FL 33935		STREET ADDRESS CITY-ST-ZIP		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	03/23/05-80041-003 526.25	
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<b>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</b>					
<b>SIGNATURE:</b> <i>Janis L. Davidson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: <i>2/24/05</i> Daytime Phone #: <i>863-675-2615</i>		

STAPLE CHECK HERE