



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY 19 AM 9:38

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			
Zip		Zip			
4. FEI Number 65-0782140		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
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.		SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP		
	DAVIDSON, BEAUFORD E	325 NORTH BRIDGE STREET	LABELLE, FL 33935		
	DAVIDSON, JANIS L	325 NORTH BRIDGE STREET	LABELLE, FL 33935		
	DAVIDSON, LAWRENCE	325 N BRIDGE ST	LABELLE FL 33935		
	DAVIDSON, CRAIG	325 N BRIDGE ST	LABELLE FL 33935		
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: <u>Janis L. Davidson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: <u>4/20/06</u> <small>Date</small>	

STAPLE CHECK HERE