

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 23 PM 1:17



1. Name of Limited Partnership THE MARTHA H. DAVIS FAMILY PARTNERSHIP, LTD.		1a. DOCUMENT # A97000002281	
2. Mailing Address 1620 MAYFLOWER COURT, APT. A-312 WINTER PARK, FL 32792-2500 201 North New York Avenue		2a. Principal Office Address 1620 MAYFLOWER COURT, APT. A-312 WINTER PARK FL 32792-2500	
3. Date Formed or Registered 10/22/1997		5a. Capital Contributions as Shown on record \$2,836,608.00	
3a. Date of Last Report 12/31/1997		5b. Amount of Capital Contributions in FLORIDA to date \$2,836,608.00	
4. State or Country of Formation FL		6. FEI Number 59-3476412 APPLIED FOR	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	
2. Mailing Address 201 North New York Avenue		2a. Principal Office Address	
Suite, Apt. #, etc. c/o Delbert E. Rich		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State	
Zip 32789 Country USA		Zip Country	

9. Name and Address of Current Registered Agent DAVIS, HARRY J 1620 MAYFLOWER COURT, APT. A-312 WINTER PARK FL 32792-2500		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 900002793579--1 Suite, Apt. #, etc. -03703/99--01062--003 City *****526.25 FL Zip Code	
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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). Thereby 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) _____ DATE _____

**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) DAVIS, HARRY J DAVIS, ROBERT M	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1620 MAYFLOWER COURT, 3417 OAKWATER POINTE	11b. City, State & Zip Code WINTER PARK FL 32792 ORLANDO FL 32812	11c. Registration/Document Number 60 3-1-99
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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 *Harry J. Davis, General Partner* DATE **2-19-99**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)