

A97000002281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

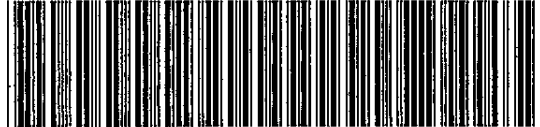
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

Mark A. Hall GAVE
AUTHORIZATION BY PHONE TO
CORRECT Lead statement
DATE 10/21/04
DOQ. EXAM mt



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04 OCT 20 PM 3:29 **52.50

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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1021

SunTrust Bank
Mail Code FL-ORL-2071
P.O. Box 4978
Orlando, FL 32802
Tel 407.237.5197
Fax 407.237.5765

Mark A. Hall
Vice President



October 18, 2004

VIA CERTIFIED MAIL

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Subject: Martha H. Davis Family Partnership, Ltd.

Dear Sir or Madam:

I am in receipt of your letter dated September 29, 2004 requiring additional information in order to properly file the 2004 Limited Partnership Annual Report for The Martha H. Davis Family Partnership, Ltd. Therefore, enclosed please find the following:

1. Transmittal Letter
2. Certificate of Amendment of Certificate of Limited Partnership of The Martha H. Davis Family Partnership, Ltd. reflecting the new General Partner.
3. SunTrust Bank check number 2117493054 dated 10/15/04 made payable to the Florida Department of State in the amount of \$52.50 representing filing fee for the Amendment.
4. SunTrust Bank check number 2110802679 dated 9/8/04 made payable to the Florida Department of State in the amount of \$526.25 representing the filing fee for the Annual Report.

Please note that Harry J. Davis died on January 31, 2004 as evidenced by the enclosed death certificate and therefore, the original Annual Report notice was not received. SunTrust Bank is acting as Agent for the Trustees of the Harry J. Davis Trust and also is the investment manager for the underlying assets of the Partnership. It would be appreciated if the late fee of \$400 can be waived due to the extenuating circumstances involving the death of the Principal of the Partnership.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Hall".

Mark A. Hall
Vice President

Enclosure

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MARTHA H. DAVIS FAMILY PARTNERSHIP, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A 9700000 2281

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT M. DAVIS
(Name of Person)

(Firm/Company)

3417 OAKWATER POINTE DRIVE
(Address)

ORLANDO FL 32812
(City/State and Zip Code)

TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MARK A. HALL
(Name of Person)

at (407) 237 5197
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

THE MARTHA H. DAVIS FAMILY PARTNERSHIP, LTD.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.109, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Dept. of State on 10/22/97, adopts the following certificate of amendment to its certificate of limited partnership.

FIRST: Amendment(s): (indicate article number(s) being amended, added, or deleted)

Please delete Harry J. Davis as a General Partner of The Martha H. Davis Family Partnership, LTD.

04 OCT 20 PM 3:29
CLERK OF
STATE OF
FLORIDA

SECOND: This certificate of amendment shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signature(s)

Signature of current general partner:

HARRY J. DAVIS, DECEASED
(SEE ENCLOSED DEATH CERTIFICATE)

Signature(s) of new general partner(s), if applicable:

Robert M. Davis

STATE OF FLORIDA

OFFICE of VITAL STATISTICS
CERTIFIED COPYCERTIFICATE OF DEATH
FLORIDA

1. DECEASED'S NAME (First, Middle, Last) Harry James Davis, Jr.		2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) January 31, 2004	4. SOCIAL SECURITY NUMBER 242-16-1216	5a. AGE-Last Birthday (Years) 86	5b. UNDER 1 YEAR Months: _____ Days: _____
6. DATE OF BIRTH (Month, Day, Year) February 23, 1917	7. BIRTHPLACE (City and State or Foreign Country) Athens, Georgia	8. DECEASED RECEIVED AN ARRESTED CORPSE? (Yes/No) Yes	
9a. PLACE OF DEATH (Circle only one; see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____		9b. IN DECEASED CITY LIMITS? (Yes/No) Yes	
9c. FACILITY NAME (If not institution, give street and number) 1620 Mayflower Court #A312		9d. CITY, TOWN, OR LOCATION OF DEATH Winter Park	
10. DECEASED'S OCCUPATION Colonel		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed	
12. SURVIVING SPOUSE (Name, Date of Birth, and Maiden Name) Jannie Stewart			
13a. RESIDENCE - STATE Florida	13b. COUNTY Orange	13c. CITY, TOWN, OR LOCATION Winter Park	13d. STREET AND NUMBER 1620 Mayflower Court #A312
14. WAS DECEASED OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - Yes, specify Mexican, Puerto Rican, etc.) Specify: _____	15. RACE - American Indian, Black, White, etc. (Specify) White	16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary, Secondary, College (Yr) (0-12) 5+	
17. FATHER'S NAME (First, Middle, Last) Harry James Davis, Sr.		18. MOTHER'S NAME (First, Middle, Maiden Surname) Jannie Stewart	
19. INFORMANT'S NAME (Type Print) Robert M. Davis		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3417 Oakwater Pointe Drive, Orlando, Florida 32832	
20. METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Baldwin-Fairchild Crematory		
21. SIGNATURE OF PERSONAL SERVICE LICENSEE OR PERSON ACTING IN SUCH CAPACITY <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) 4221	21c. NAME AND ADDRESS OF FACILITY Baldwin-Fairchild Funeral Home, 3180 301 NE Ivanhoe Blvd., Orlando, FL 32803
22. On the basis of the known facts, death occurred at the time, date and place and due to the causes as stated (Signature and Title) <i>[Signature]</i>		23a. On the basis of examination of body for investigation of any question of death at the time, date and place and due to the causes as stated (Signature and Title) <i>[Signature]</i>	
22a. DATE SIGNED (Mo., Day, Yr) FEB 05 2004	22b. HOUR OF DEATH AM 10:00	23b. DATE SIGNED (Mo., Day, Yr) FEB 05 2004	23c. HOUR OF DEATH AM 10:00
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type Print) DAVID SAMPSON, M.D., 1701 N. WILSON AVE, ORLANDO, FL 32803		25. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25a. SUBREGISTRAR'S SIGNATURE AND DATE James Kossman 2-4-2004		25b. DATE REGISTERED FEB 05 2004	
26. PART I - List all diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

J. Grover

State Registrar FEB 05 2004

WARNING:
15136350

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

DPR FORM 100 (10-03)