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SIGNATURE: _

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY SEPTEMBER 8, 2004)	11f2 FILED PM 3:35
DOCUMENT # A9700002281 1. Entity Name					FILED		
THE MARTHA H. DAVIS FAMILY PARTNERSHIP, LTD.							60T 211 TU 2
Principal Place of Business Mailing Address							OUETARY OF STATEA
1620 MAYFLOWER COURT, APT. A-312 400 PARK AVE., SOUTH WINTER PARK FL 32792-2500 C/O MALINDA TEDROV WINTER PARK FL 32789					E. 200	TAL	OCT 20 CRETARY OF STATE CRETARY OF STATE LAHASSEE, FLORIDA
2. Principal Place of Business 34/7 OAKWITER POINTE P.O. Box 4978							
Suite, Apt. #, etc. Suite, Apt. #, etc.						моо	PRE CR2E003 (4/04)
City & State ORCHINA FL		City & State ORCANSO FL			4. FEI Number 59-3476412 Applied For Not Applicable		
		Country	3 2 80 2	Zip Country		5. Certificate of Status Desired	
<u> </u>	6. Name a	and Address of Current			<i>) - / -</i>	7. Name and Addre	ess of New Registered Agent
DAVIS, HARRY J 1620 MAYFLOWER COURT, APT. A-312 WINTER PARK FL 32792-2500					Name ROBERT -M DAVIS -		
						(P.O. Box Number is No	
					3417	OAKWATE	R POINTE DEIVE
					City OX LA	~50	FL Zip Code
The above named entity submits this statement for the purpose of changing its registered office or registered in the State of Florida. Lamfamiliar with, and accept the obligations of registered agent.						stered agent, or both,	11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info							
SIGNATURE Signature typed or printed name of registered agent and title if applicable.							and do not include \$400 late fee.
9. Capital Contributions as Shown on record. \$2,836,608.00 10. Amount of Capital Contributions in FLORIDA to date.							
							E WITH THIS OFFICE. change a general partner.
12.	NOTE:	GENERAL PARTNE		1:			DDRESS CHANGES ONLY
DOCUMENT#			- DELET	E s	IREET ADORESS	-	
NAME STREET ADDRESS CITY-ST-ZIP	DAVIB, HARRY J 1620 MAYFLOWER COUBT, APT. A-312 WINTER PARK EL-82/92-2500				CITY-ST-ZIP		
DOCUMENT #	DAVIS, ROBERT M			s	STREET ADDRESS		
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indicated	on this report	is true and accurate and	h this filing does not qua d that my signature shall his report as required by	have the sai	me legal effect as if	Section 119,07(3)(i), Flori made under oath; that i	ida Statutes. I further certify that the information am a General Partner of the limited partnership or

Daytime Phone #

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





04 OCT 20 PM 3: 35

SEUKETARY OF STATE AT TALLAHASSEE, FLORIDA

SUNTRUST

September 8, 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:

Enclosed please find the 2004 Limited Partnership Annual Report for The Martha H. Davis Family Partnership, Ltd. along with SunTrust Bank check number 2110802688 made payable to the Florida Department of State in the amount of \$526.25.

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,

Mark A. Hall Vice President

Copy to:

Robert M. Davis Karen Blevins