


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001621		
1. Entity Name DAWSON RAY, LTD.		

Principal Place of Business 3601 CARLTON PLACE BOCA RATON, FL 33496	Mailing Address 3601 CARLTON PLACE BOCA RATON, FL 33496
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01122005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0866385	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DAWSON RAY, INC. 3601 CARLTON PLACE BOCA RATON, FL 33496	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 1,000,000	1/12/05
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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 #	P98000058767	STREET ADDRESS	
NAME	DAWSON RAY, INC.	CITY-ST-ZIP	
STREET ADDRESS	3601 CARLTON PLACE		
CITY-ST-ZIP	BOCA RATON, FL 33496		
DOCUMENT #		STREET ADDRESS	1000000185186
NAME		CITY-ST-ZIP	01/21/05-80007-001 528.25
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE: By: <i>Dawson Ray, Inc. General Partner</i> <i>AMY S. SCHLOSSER</i>	Date: 1/12/05	Daytime Phone #: 994-4863
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