2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

1. Entity Na	DOCUMENT # A9900000176 1. Entity Name ROGERS & DAVIDSON LIMITED PARTNERSHIP						Apr 27, 2005 8:00 A.M Secretary of State			
2321-B N.1	nce of Business M. 41ST STREET .E, FL 32606	2	ailing Address 321-B N.W. 41ST STR AINESVILLE, FL 3260			,		i <i>i</i> ;		
2. Principal	2. Principal Place of Business 3. Mailing			iling Address						
Suite, Ap	it. #, etc.	:	Suite, Apt. #, etc.			01102005	Chg-LP	CR2E00	3 (10/03)	
City & St	ate		City & State			4. FEI Number 59-35613	380		Applied For Not Applicable	
Zip	Country		Zip	Соиг	ntry	5. Certificate of	Status Desired		8.75 Additional ee Required	
	6. Name and Address of Current Registered Agent					7. Name and A	ddress of New I	Registered Ac	gent	
2321-B N	GIONET, CLIFFORD L 2321-B N.W. 41ST STREET GAINESVILLE, FL 32606				Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	
	ve named entity submits this statemen ations of registered agent.	t for the p	urpose of changing its	register	ed office or regist	tered agent, or both,	in the State of Fl	orida. I am fa	miliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.							DATE		
-9. Capital Contributions as Shown on record. \$590,089.00 10. Amount of Capital Contributions in FLORIDA to date. \$853089.00										
	A GENERAL PARTNER NOTE: General Partners I	THAT	IS A BUSINESS EN T be changed on t	ITITY M	IUST BE REGIS	STERED AND AC	TIVE WITH TH	IS OFFICE.	ner.	
12.	GENERAL PARTI			ADDRESS CH						
DOCUMENT # NAME	DAVIDSON, KIM M TRUSTEE				EET ADDRESS					
STREET ADDRES	2321-B N.W. 41ST STREET GAINESVILLE, FL 32606 ROGERS, BRUCE TRUSTEE 2321-B N.W. 41ST STREET				/- ST- ZIP					
DOCUMENT # NAME STREET ADDRES					EET ADDRESS	00 84/27/	000052290590 04/27/0501001016 ***2276.25			
CITY-ST-ZIP	GAINESVILLE, FL 32606			CITY	r-ST-ZIP	1-ZIP				
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CITY-ST-ZIP					/-ST-ZIP					
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CITY-ST-ZIP	, <u> </u>			СПҮ	/-ST-ZIP				76	
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NAME STREET ADDRES CITY-ST-ZIP	3				EET ADDRESS /- ST-ZIP		<u>ب</u> 			
14. I hereby	to certify that the information supplied with on this report is true and accurate a siver or trustee empowered to execute	ind that m	y signature shall have	the sam	e legal effect as it					
SIGNA	TURE:X	\sim				3/8	1/05			
Junia	SIGNATURE AND TYPE	ОЯ ВИТЕ	D NAME OF SIGNING GENER	AL PARTN	ER		Date	Day	time Phone #	