

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001760**

1. Entity Name  
**COBBLESTONE OF KISSIMMEE LTD.**



Principal Place of Business  
**20725 S.W. 46TH AVE.  
NEWBERRY, FL 32669**

Mailing Address  
**20725 S.W. 46TH AVE.  
NEWBERRY, FL 32669**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**62-1800018**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVIS, STEFAN M  
20725 S.W. 46TH AVE.  
NEWBERRY, FL 32669**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**110000505719  
14/26/06-80124-017 500.00**

**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**

DOCUMENT # **A95000000823**  
NAME **DAVIS HERITAGE LTD.**  
STREET ADDRESS **20725 S.W. 46TH AVE.**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

DOCUMENT #  
NAME **DAVIS, STEFAN M TRUSTEE**  
STREET ADDRESS **20725 S.W. 46TH AVE.**  
CITY-ST-ZIP **NEWBERRY, FL 32669**

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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**Stefan M. Davis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Stefan M. Davis**

Date

**352-472-7773**

Daytime Phone #

STAPLE CHECK HERE