

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063402

FILED
Apr 16, 2006
Secretary of State

Entity Name: DELOUVIER-DAVIS GROUP, LLC

Current Principal Place of Business:

770 CLAUGHTON ISLAND DRIVE
APARTMENT 1716
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

770 CLAUGHTON ISLAND DRIVE
APARTMENT 1716
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-3224597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LOUVIER-DAVIS, HENRI
770 CLAUGHTON ISLAND DR #1716
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE LOUVIER-DAVIS, NICOLAS
Address: 770 CLAUGHTON ISLAND DRIVE
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: LEVY, ALEXANDRE
Address: 770 CLAUGHTON ISLAND DRIVE
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: DE LOUVIER-DAVIS, HENRI
Address: 770 CLAUGHTON ISLAND DRIVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRI DELOUVIER-DAVIS MGR 04/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date