## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # L05000087525** 04-17-2006 90038 009 \*\*\*\*50.00 DAVIS DEVELOPERS, LLC Principal Place of Business Mailing Address 5835 BLUE LAGOON DRIVE STE 200 5835 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State JO-3420 ZD Not Applicable \$5.00 Additional Zip Ζip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A Street Address (P.O. Box Number is Not Acceptable) 5835 BLUE LAGOON DRIVE STE 200 MIAMI, FL 33126 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Detete TTTLE Change ☐ Addition DUARTE-VIERA, ANIBAL J NAME NAME STREET ADDRESS 5835 BLUE LAGOON DRIVE STE 200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change Addition PINO. GUILLERMO NAME STREET ADDRESS 5835 BLUE LAGOON DRIVE STE 200 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITE F ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filling 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 eath; 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.

PALATIIDE.

Guillermo Pino, Mgr. 303-7960

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