


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT.**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 PM 12:41

DOCUMENT # L07000065134			
1. Entity Name DAVILA & DAVILA INVESTMENTS, LLC			
Principal Place of Business 1602 ALTON RD. # 554 MIAMI BEACH, FL 33139 US		Mailing Address 1602 ALTON RD. # 554 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVILA, EDUARDO E 1602 ALTON RD. # 554 MIAMI BEACH, FL 33139		Name BISCAYNE BUSINESS MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD, SUITE 400 City CORAL GABLES FL Zip Code 33134	
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 <u>FELIX R. CASTRO</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when filing this report.)</small>		DATE <u>6/18/08</u>	
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVILA, EDUARDO E 1602 ALTON RD. # 554 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500131630975 06/24/08--01036--005 **138.75
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11. 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 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: <u>Eduardo Davila</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <u>6/11/2008</u> <small>Date Daytime Phone #</small>	