


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90028 002 \*\*\*\*50.00

DOCUMENT # L04000075663				
1. Entity Name 2660 DAVIS LLC				
Principal Place of Business 1800 SECOND STREET SUITE 972 SARASOTA, FL 34236		Mailing Address 1800 SECOND STREET SUITE 972 SARASOTA, FL 34236		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1765642</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01102005 Chg-LLC CR2E083 (10/03)
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SPECTOR, GEORGE L 1800 SECOND STREET SUITE 972 SARASOTA, FL 34236			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b>	
			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____				
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPECTOR, GEORGE L 1800 SECOND STREET, SUITE 972 SARASOTA, FL 34236 <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	
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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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>George L. Spector</i>		GEORGE L. SPECTOR		Date: 1/10/05
SIGNATURE		TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 941-365-0969