


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90040 036 \*\*\*\*50.00

<b>DOCUMENT # L04000075663</b>					
1. Entity Name 2660 DAVIS LLC					
Principal Place of Business 1800 SECOND ST. SUITE 755 SARASOTA, FL 34236-5992		Mailing Address 1800 SECOND ST. SUITE 755 SARASOTA, FL 34236-5992			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-1765642</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPECTOR, GEORGE L 1800 SECOND STREET SUITE 755 SARASOTA, FL 34236-5992			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	MGRM SPECTOR, GEORGE L 1800 SECOND STREET, <u>SUITE 755</u> SARASOTA, FL 34236
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>George L. Spector</u> <b>GEORGE L. SPECTOR</b>			Date: <u>1/6/06</u>		Daytime Phone #: <u>941-365-0969</u>

40000606



01062006 Chg-LLC CR2E083 (11/05)

Applied For  
Not Applicable