


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000004718 1. Entity Name DAVIS SECURITIES, LLC	
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Principal Place of Business 3447 BYRON LANE LONGBOAT KEY, FL 34228	Mailing Address 3447 BYRON LANE LONGBOAT KEY, FL 34228
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DO NOT WRITE IN THIS SPACE



01282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1017045	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIS, JOHN C
3447 BYRON LANE
LONGBOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TORNEHL, KATHERINE D W 283 N2141 BEACH ROAD PEWAUKEE, WI 53072
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03/04/05-80030-009 50.00

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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: *Katherine D. Tornehl* Katherine D. Tornehl, Ttee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *3/24/05* Daytime Phone *414-287-9115*