


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012132 1. Entity Name DAVID AND GOLIATH, L.L.C.	
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Principal Place of Business 838 MALLARD ROAD COCOA, FL 32926	Mailing Address 838 MALLARD ROAD COCOA, FL 32926
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DO NOT WRITE IN THIS SPACE



04152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3668995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, JOHN C
838 MALLARD ROAD
COCOA, FL 32926

**DO NOT WRITE
IN THIS SPACE**

6. 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. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, JOHN C MGRM 838 MALLARD RD COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOENES, RICHARD V 15115 CORRS MILL RD WOODBINE, MD 21797
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/18/05-80117-014 50.00

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IN THIS SPACE**

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:  **4/15/05 321-639-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #