


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90003 006 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L00000013276</b>                            |  |
| 1. Entity Name<br><b>DAVIS PROFESSIONAL PARTNERS, LLC</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>400 NORTH NEW YORK AVE, STE. 212<br/>WINTER PARK, FL 32789</b> | Mailing Address<br><b>P.O. BOX 520<br/>WINTER PARK, FL 32790-0520</b> |
|--|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>437 Crofton Drive</b> | 3. Mailing Address<br><b>437 Crofton Drive</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>Ocoee, FL</b> | City & State<br><b>Ocoee, FL</b> |
| Zip<br><b>34761</b>              | Country<br><b>US</b>             |

01082004 Chg-LLC CR2E083 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3687802</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WHITE, W. GRAHAM<br/>250 S. PARK AVENUE, 5TH FLOOR<br/>WINTER PARK, FL 32789</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 *Susan L Davis* DATE **4/30/04**

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

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS |   | 10. ADDITIONS/CHANGES |  |
|------------------------------|---|-----------------------|--|
| TITLE<br><b>P</b>            | <b>DAVIS, STEVEN E</b> <input checked="" type="checkbox"/> Delete | TITLE<br><b>P</b>     | <b>Susan L. Davis</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |   | NAME                  | <b>437 Crofton Drive</b>   |
| STREET ADDRESS               | <b>400 NORTH NEW YORK AVE, STE. 212</b>                           | STREET ADDRESS        |  |
| CITY-ST-ZIP                  | <b>WINTER PARK, FL 32789</b>                                      | CITY-ST-ZIP           | <b>Ocoee, FL 34761</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE                        | <input type="checkbox"/> Delete                                   | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                         |   | NAME                  |  |
| STREET ADDRESS               |   | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete                                   | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                         |   | NAME                  |  |
| STREET ADDRESS               |   | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete                                   | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                         |   | NAME                  |  |
| STREET ADDRESS               |   | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete                                   | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME                         |   | NAME                  |  |
| STREET ADDRESS               |   | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |   | CITY-ST-ZIP           |  |

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: *Susan L Davis* DATE **4/30/04** DAYTIME PHONE # **407-758-5506**

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