

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

CH/FILED 24
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001446

1. Entity Name
FSR DAVIS STREET PROPERTIES, L.L.C.



Principal Place of Business

12362 OAKWIND PLACE
SEMINOLE, FL 33772

Mailing Address

12362 OAKWIND PLACE
SEMINOLE, FL 33772



04252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3714562

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, FRANK B
12362 OAKWIND PLACE
SEMINOLE, FL 33772

**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

Frank B Moss

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME MOSS, FRANK
STREET ADDRESS 12362 OAKWIND PLACE
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE VP
NAME MOSS, SHELDON
STREET ADDRESS 185 THACHING LANE
CITY-ST-ZIP ALPHARETTA, GA 30022

TITLE ST
NAME KAUSS, ROSANNE
STREET ADDRESS 5026 OLD BRANCH COURT
CITY-ST-ZIP ATLANTA, GA 30338

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000135422
04/28/04-80057-022 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:

Frank B Moss

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

Date

Daytime Phone #

4/28/04 727-331-6034