

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004876 1. Entity Name DAVIS-MOORE GEORGIA PROPERTIES, LLC	
---	---

Principal Place of Business 6020 S.E. 138TH ST. HOBE SOUND, FL 33455	Mailing Address 6020 S.E. 138TH ST. HOBE SOUND, FL 33455
--	--

DO NOT WRITE IN THIS SPACE



01092004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0661317	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent SAUERBERG, ERIC M 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408	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 _____
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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, JAMES J 6020 SE 138 STREET HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOORE, DAVID 14811 22ND RD. N. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000048753
02/12/04-80092-019 50.00

**DO NOT WRITE
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:

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

Date

Daytime Phone #

772-462-9595