

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2006 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**



01202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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02/18/06-80001-014 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 exemptions contained in Chapter 119, 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: *David N Moore*

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

2-2-06

Date

(561) 7934071

Daytime Phone #