
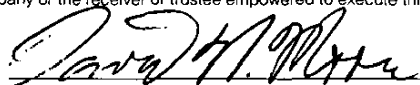


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90300 034 \*\*\*\*50.00

<b>DOCUMENT # L01000004876</b> 1. Entity Name <b>DAVIS-MOORE GEORGIA PROPERTIES, LLC</b>			
Principal Place of Business <b>6020 S.E. 138TH ST. HOBE SOUND, FL 33455</b>		Mailing Address <b>6020 S.E. 138TH ST. HOBE SOUND, FL 33455</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>14811 N 22nd Rd</b>		3. Mailing Address <b>14811 N 22nd Rd</b> Suite, Apt. #, etc. <b>Loxahatchee FL</b>	
City & State <b>Loxahatchee FL</b>		City & State <b>Loxahatchee FL</b>	
Zip <b>33470</b>		Zip <b>33470</b>	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>	
6. Name and Address of Current Registered Agent  <b>SAUERBERG, ERIC M 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4977 Knights Ferry Rd Valdosta, Ga 31601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, DAVID 14811 22ND RD. N. LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>2-9-07</b> <b>5617934071</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			