

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000004876

1. Entity Name  
DAVIS-MOORE GEORGIA PROPERTIES, LLC



Principal Place of Business  
14811 N 22ND RD  
LOXAHATCHEE, FL 33470

Mailing Address  
14811 N 22ND RD  
LOXAHATCHEE, FL 33470

**DO NOT WRITE IN THIS SPACE**



01172008No Chg-LLC

CR2E083 (12/07)

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS, JAMES J
STREET ADDRESS	4977 KNIGHTS FERRY RD
CITY-ST-ZIP	VALDOSTA, GA 31601
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	

000000822944  
02/20/08-80016-025 138.75

**DO NOT WRITE  
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* DAVID N. Moore

2-7-08

561-7934071

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

Date

Daytime Phone #