


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000007805

1. Entity Name
MCDIRMIT DAVIS FINANCIAL ADVISORS, LLC



Principal Place of Business Mailing Address

605 E ROBINSON ST., STE 635 **605 E ROBINSON ST., STE 635**
ORLANDO, FL 32801 **ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE



03072007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-7207506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDIRMIT, ELDEN G
605 E ROBINSON ST., STE 635
ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

U00000671835
 03/28/07-80045-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, EUGENE R 605 E ROBINSON ST., STE 635 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDIRMIT, ELDEN G 605 E ROBINSON ST., STE 635 ORLANDO, FL
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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: Elden G. McDirmit 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #