


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90016 026 \*\*\*\*50.00

**DOCUMENT # L02000000464**

1. Entity Name  
**MCDIRMIT, DAVIS & COMPANY, LLC**



Principal Place of Business <b>605 ROBINSON STREET, SUITE 635          ORLANDO, FL 32801</b>	Mailing Address <b>605 ROBINSON STREET, SUITE 635          ORLANDO, FL 32801</b>
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>26-0004117</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCDIRMIT, ELDEN G 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DAVIS, EUGENE R 605 E. ROBINSON STREET, STE 635 ORLANDO, FL 32801</b>
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**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: *Elden G. McDirmit*

4/7/05