


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90175 011 \*\*\*\*50.00

DOCUMENT # L02000000464  
 1. Entity Name  
 MCDIRMIT, DAVIS & COMPANY, LLC



Principal Place of Business: 605 ROBINSON STREET, SUITE 635 ORLANDO, FL 32801  
 Mailing Address: 605 ROBINSON STREET, SUITE 635 ORLANDO, FL 32801

60027581



**DO NOT WRITE IN THIS SPACE**

03142007 No Chg-LLC CR2E083 (11/05)  
 4. FEI Number: 26-0004117 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$5.00 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MCDIRMIT, ELDEN G
STREET ADDRESS	605 E. ROBINSON STREET, STE 635
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	ST
NAME	DAVIS, EUGENE R
STREET ADDRESS	605 E. ROBINSON STREET, STE 635
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Elden G. McDirmit Date: 3/20/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #