

FILED  
May 02, 2005 8:00 am  
Secretary of State

01-31-2005 90203 025 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                                                                                                                                    |                                                                              |
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| DOCUMENT # L02000001473                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                                                   |                                                                              |
| 1. Entity Name<br>DAVENPORT, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                                                                                                                    |                                                                              |
| Principal Place of Business<br>2691 HOLIDAY WOODS DRIVE<br>KISSIMMEE, FL 34744-9390                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Mailing Address<br>524 SIMPSON ROAD<br>KISSIMMEE, FL 34744                                                                                                                                         |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 3. Mailing Address                                                                                                                                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Suite, Apt. #, etc.                                                                                                                                                                                |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | City & State                                                                                                                                                                                       |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip                                                                                                                                                                                                | Country                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 4. FEI Number<br>01-0577181                                                                                                                                                                        |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Applied For<br>Not Applicable                                                                                                                                                                      |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                           |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>HEMPHILL, JAMES C<br>524 SIMPSON ROAD<br>KISSIMMEE, FL 34744                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 7. Name and Address of New Registered Agent<br>Name <u>Same</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1134 New York Ave</u><br>City <u>St Cloud</u> FL Zip Code <u>34769</u> |                                                                              |
| 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<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Make check payable to<br>Florida Department of State                                                                                                                                               |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10. ADDITIONS/CHANGES                                                                                                                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(b), 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: <u>James C. Peeples</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | Date: <u>1-26-05</u> Daytime Phone #: <u>407-348-7720</u>                                                                                                                                          |                                                                              |