

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90017 017 ****50.00

DOCUMENT # L02000005760

1. Entity Name
DEBORAH J. DAVIS, LLC



Principal Place of Business
45 AKRON RD
LAKE WORTH, FL 33467

Mailing Address
45 AKRON RD
LAKE WORTH, FL 33467

29063003



04302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0058256

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RODGERS, KAREN
201 WOODLAND RD
LAKE WORTH, FL 33461

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DAVIS, DEBORAH
STREET ADDRESS 45 AKRON RD
CITY-ST-ZIP LAKE WORTH, FL 33467

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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: *Deborah Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/04
Date

Daytime Phone #