

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000019815

1. Entity Name
DAVIDSON ESTATE PROPERTIES, LLC



Principal Place of Business
**4549 ST. AUGUSTINE ROAD, SUITE 3
JACKSONVILLE, FL 32207**

Mailing Address
**4549 ST. AUGUSTINE ROAD, SUITE 3
JACKSONVILLE, FL 32207**



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIDSON, RANDY
4549 ST. AUGUSTINE ROAD, SUITE 3
JACKSONVILLE, FL 32207**

**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 _____

Signature typed or printed name of registered agent and title if applicable

(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	P DAVIDSON, RANDOLPH PO BOX 5428 JACKSONVILLE, FL 32247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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04/21/05-80085-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-19-05

904-730-4117

Date

Daytime Phone #