


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L0200003413T 1. Entity Name JOHN L. DAVIS, LLC	
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Principal Place of Business 13472 TROON TRACE LANE C/O JOHN DAVIS JACKSONVILLE, FL 32225-4917	Mailing Address 13472 TROON TRACE LANE C/O JOHN DAVIS JACKSONVILLE, FL 32225-4917
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DO NOT WRITE IN THIS SPACE



04272004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 02-0656849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN L
13472 TROON TRACE LANE
JACKSONVILLE, FL 32225-4917

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000140145
04/29/04 00150 010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, JOHN L 13472 TROON TRACE LANE JACKSONVILLE, FL 322254917
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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)(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:  **Date** 4-26-04 **Daytime Phone #** (904) 221-6301

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