2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004
Secretary of State

DOCUMENT# L03000002207

Entity Name: DAVIS ADVENTURES LLC

Current Principal Place of Business:

1030 MARTINS LAKE CLOSE
ROSWELL, GA 30076

New Principal Place of Business:

312 PATTON STREET
ST. GEORGE ISLAND, FL 32328

Current Mailing Address:

1030 MARTINS LAKE CLOSE
ROSWELL, GA 30076

New Mailing Address:

312 PATTON STREET
ST. GEORGE ISLAND, FL 32328

FEI Number: 56-2312177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VANHOUTEN, MICHAEL
114 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: DAVIS, LOUIS R
Address: 1030 MARTINS LAKE CLOSE
City-St-Zip: ROSWELL, GA 30076 US

Title: MGR ( ) Delete
Name: DAVIS, KIM L
Address: 1030 MARTINS LAKE CLOSE
City-St-Zip: ROSWELL, GA 30076 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DAVIS, LOUIS R
Address: 312 PATTON STREET
City-St-Zip: ST. GEORGE ISLAND, FL 32328 US

Title: MGR (X) Change ( ) Addition
Name: DAVIS, KIM L
Address: 312 PATTON STREET
City-St-Zip: ST. GEORGE ISLAND, FL 32328 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KIM DAVIS MRS. 07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date