

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002207

FILED
Jul 21, 2005
Secretary of State

Entity Name: DAVIS ADVENTURES LLC

Current Principal Place of Business:

312 PATTON STREET
ST. GEORGE ISLAND, FL 32328

New Principal Place of Business:

Current Mailing Address:

312 PATTON STREET
ST. GEORGE ISLAND, FL 32328

New Mailing Address:

FEI Number: 56-2312177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

DAVIS, KIM
C/O MARINER INVESTMENT PROPERTIES, INC.
83 US HWY 98
EASTPOINT, FL 32328 US

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: KIM DAVIS

07/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MGR

07/21/2005

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