

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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May 02, 2005 8:00 am
Secretary of State

05-02-2005 90129 034 ****50.00

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04262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000028622 1. Entity Name DAVETTE ENTERPRISE, L.L.C.					
Principal Place of Business 9400 GLADIOLUS DRIVE, SUITE 106 FT. MYERS, FL 33908			Mailing Address 9400 GLADIOLUS DRIVE, SUITE 106 FT. MYERS, FL 33908		
2. Principal Place of Business 204 SE 16TH PLACE Suite, Apt. #, etc.		3. Mailing Address 204 SE 16TH PLACE Suite, Apt. #, etc.			
City & State CAPE CORAL, FL Zip 33990 Country USA		City & State CAPE CORAL, FL Zip 33990 Country USA		4. FEI Number 20-0412983	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MACKOUL, DAVID 9400 GLADIOLUS DRIVE, SUITE 106 FT. MYERS, FL 33908			7. Name and Address of New Registered Agent Name MACKOUL, DAVID Street Address (P.O. Box Number is Not Acceptable) 204 SE 16TH PLACE City CAPE CORAL FL Zip Code 33990		
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 DAVID A. MACKOUL, MD 4/27/05 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKOVL, DAVID A MD 10087 IDLE PINE LN BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST. PIERRE-MACKOVL, ANNETTE MD 10087 IDLE PINE LN BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: DAVID A. MACKOUL, MD 4/27/05 239-573-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					