

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90041 006 ***138.75

DOCUMENT # L03000037756 1. Entity Name VOLUNTEER PROPERTIES OF DAVENPORT, LLC					
Principal Place of Business 206 WEST ORANGE STREET DAVENPORT, FL 33837 US			Mailing Address 4 WEST DANIA BEACH BLVD DANIA, FL 33004 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 4700 SHERIDAN STREET SUITE B			
City & State 		City & State HOLLYWOOD, FL		4. FEI Number 20-0629058	
Zip 		Zip 33001		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004			7. Name and Address of New Registered Agent Name CROSS, K C Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B City HOLLYWOOD FL Zip Code 33001		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSS, K C 4 WEST DANIA BEACH BLVD DANIA, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	marm CROSS, K C 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 33001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/30/08 954-367-4563 <small>Date Daytime Phone #</small>		

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