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Feb 19, 2004 8:00 am
Secretary of State

02-10-2004 90106 042 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000043851

1. Entity Name
DAVEY ENTERPRISES, L.L.C.

Principal Place of Business	Mailing Address
535 CENTRAL AVENUE ST. PETERSBURG, FL 33701	535 CENTRAL AVENUE ST. PETERSBURG, FL 33701

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

01272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2418976 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAHDERT, GEORGE K 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	MBMR ☐ Change ☒ Addition
NAME	RAHDERT, GEORGE K	NAME	Christopher Davey
STREET ADDRESS	535 CENTRAL AVENUE	STREET ADDRESS	2099 Ninth Street N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	~~MBR~~ ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~Christopher Davey~~	NAME	
STREET ADDRESS	~~2099 Ninth Street N.~~	STREET ADDRESS	
CITY-ST-ZIP	~~St. Petersburg, FL 33704~~	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] George K. Rahdert 02/04/04 727/823-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #