


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044619</b> 1. Entity Name DAVY LLC	
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Principal Place of Business 2701 S. BAYSHORE DRIVE, SUITE 402 MIAMI, FL 33133	Mailing Address 2701 S. BAYSHORE DRIVE, SUITE 402 MIAMI, FL 33133
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**DO NOT WRITE IN THIS SPACE**



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  POIRIER, MARCELLE 2701 S. BAYSHORE DRIVE, SUITE 402 MIAMI, FL 33133
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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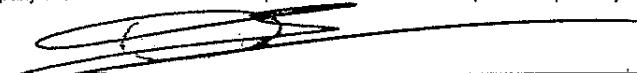
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZAN, FRANCK 2701 S. BAYSHORE DRIVE, SUITE 402 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAZAN, MICHAEL 2701 S. BAYSHORE DRIVE, SUITE 402 MIAMI, FL 33133
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U00000210645  
02/02/05-80087-007 50.00

**DO NOT WRITE  
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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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