2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 08, 2005 08:00 AM Secretary of State

4-5-05

Date

3527265698

Daytime Phone #

ANNUAL REFORT			C
DOCUMENT # L03000052918 1. Entity Name			Secretary of State
DAVE RO	DDGERS, LLC		
Principal Plac	e of Business Mailing Address	,	
6836 E BLUI	EBIRD LANE 6836 E BLUEBIRD TÂNE (•	
	FL 34452 US INVERNESS, FL 34452 US	, , <u>, , , , , , , , , , , , , , , , , </u>	
DO NOT WRITE IN THIS SPACE			01062005No Chg-LLC CR2E083 (10/03)
		4. FEI Number Applied For 20-0477993 Not Applicable	
l 			5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent	}	landing nga katang ka
RODGERS, DAVID P 6836 E BLUEBIRD LANE		See a dispersion .	DO NOT WRITE
INVERNE	SS, FL 34452		, , , , , , , , , , , , , , , , , , , ,
i	-		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. Lam familiar with, and accept			
the obligations of registered agent			
Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered agent signature required when renstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	Madelland and a property	Commercial commercial control of the
NAME	RODGERS, DAVID P	Ì	
STREET ADDRESS	6836 E BLUEBIRD LANE		!
CITY-ST-ZIP	INVERNESS, FL 34452	-{	
TITLE NAME			04/08/05-80061-013 50.00
STREET ADDRESS			04\0Q\02-RNDPI-NI3 2N°00
CITY-ST-ZIP		-	
TITLE			
NAME		1	
STREET ADDRESS CITY-ST-ZIP		1	DO NOT WRITE
TITLE		- j	
NAME			IN THIS SPACE
STREET ADDRESS		i	
CITY-ST-ZIP	<u></u>	4	
TITLE	,	-	
NAME STREET ADDRESS		j.	
CITY-ST-ZIP		1	
TITLE		·	المراز والمناف والمراجع والمناف والمراجع والمناف والمراجع
NAME			
STREET ADDRESS		1	
CITY-ST-ZIP	positive that the information quantitatively being titles and an artiful to the	mália alcuratio	No. 400 OYONA Classific Daniel Liver and Control of Con
11. Thereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), 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: DOVA P. RODGERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE