2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053876

1. Entity Name
DAVID ELMORE, LLC

Principal Place of Business	Mailing Address
417 WHEATFIELD COURT ORANGE PARK, FL 32003	417 WHEATFIELD COURT ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE

04012006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
35-2223872	Not Applicable

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

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6. Name and Address of Current Registered Agent

HOWARD A. CAPLAN, ATTORNEY, P.A.
6260-C DUPONT STATION COURT
JACKSONVILLE, FL 32217

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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, 2006

U00000493152
04/13/06-80093-011 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	DAVID ELMORE LLC	
STREET ADDRESS	417 WHEAT FIELD CT	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

4-3-06   904 571-6423