


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90143 009 ****50.00

| | | |
|--|--|---|
| DOCUMENT # L04000004793 | |  |
| 1. Entity Name DAVIE INVESTMENTS, L.L.C. | | |
| Principal Place of Business 1047 DEERPATE DRIVE WESTON, FL 33327 | | Mailing Address 1047 DEERPATE DRIVE WESTON, FL 33327 |
| 2. Principal Place of Business - No P.O. Box # 1047 DEERPATH COURT | 3. Mailing Address 1047 DEERPATH COURT | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State WESTON, FL | City & State WESTON, FL | |
| Zip 33326 | Country | Zip 33326 |
| | Country | |



01242007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-0719221 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent BAUMAN, DAVID M ESQ. C/O BAUMAN & KANNER P.A. 7119 WEST BROWARD BLVD. PLANTATION, FL 33317 | | |
| 7. Name and Address of New Registered Agent | | |
| 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.

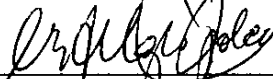
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANGULO, CARLOS 1047 DEERPATH COURT FORT LAUDERDALE, FL 33326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZABALA, XABIER 12658 S.E. CASCADES CT HOBE SOUND, FL 33455 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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:  **CARLOS E ANGULO** **01-26-07 954-292-8695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #