


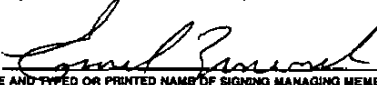
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-22-2005 90043 020 ***150.00

05-02-2005 90116 033 ****50.00

20052918

DOCUMENT # L04000009602 1. Entity Name DAVIS RETAIL CENTER, L.L.C.			
Principal Place of Business 87 LAKE STREET FRIMSBY, ONTARIO CANADA L3M 2G6, XX		Mailing Address 87 LAKE STREET FRIMSBY, ONTARIO CANADA L3M 2G6, XX	
2. Principal Place of Business 87 Lake St Suite, Apt. #, etc.		3. Mailing Address 87 Lake St Suite, Apt. #, etc.	
City & State Grimsby Ontario Zip Country L3M 2G6 Canada		City & State Grimsby Ontario Zip Country L3M 2G6 Canada	
4. FEI Number 432042715		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 DURANT, MICHAEL A 2640 GOLDEN GATE PARKWAY, SUITE 115 NAPLES, FL 34105		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, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZMENAK, EMIL 87 LAKE STREET GRIMSBY, ONT., CANADA, <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 ZMENAK, CAROLE 87 LAKE STREET GRIMSBY, ONT., CANADA, <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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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
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: 		Date April 26, 2005 Daytime Phone # 905-945-9050	