



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90093 015 ****50.00

DOCUMENT # L04000009602 1. Entity Name DAVIS RETAIL CENTER, L.L.C.					
Principal Place of Business 87 LAKE ST GRIMSKY, ONTARIO, CN I3-m2g6			Mailing Address 87 LAKE ST FRIMSBY, ONTARIO GRIMSKY, ONTARIO, CN I3-m2g6		
2. Principal Place of Business 87 Lake St Suite, Apt. #, etc. Grimsby Ontario City & State		3. Mailing Address 87 Lake St Suite, Apt. #, etc. Grimsby, City & State Ontario Zip L3M2G6 Country Canada			
07112006 Chg-LLC CR2E083 (11/05)				4. FEI Number 43-2042715	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZMENAK, EMIL	NAME			
STREET ADDRESS	87 LAKE STREET	STREET ADDRESS			
CITY-ST-ZIP	GRIMSBY, ONT., CANADA,	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZMENAK, CAROLE	NAME			
STREET ADDRESS	87 LAKE STREET	STREET ADDRESS			
CITY-ST-ZIP	GRIMSBY, ONT., CANADA,	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Emil Zmenak for Davis Retail July 11/06 905-945-9050</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					