

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 048 ****50.00

DOCUMENT # L04000045716 1. Entity Name DAVIS RANCH LLC			
Principal Place of Business POST OFFICE BOX 799 KEYSTONE HEIGHTS, FL 32656 US		Mailing Address POST OFFICE BOX 799 KEYSTONE HEIGHTS, FL 32656 US	
2. Principal Place of Business 1725 State Rd 100 Suite, Apt. #, etc.		3. Mailing Address 1725 State Rd 100 Suite, Apt. #, etc.	
City & State Melrose, FL		City & State Melrose, FL	
Zip 32666		Zip 32666	
Country USA		Country USA	
4. FEI Number 20-1285583		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 DAVIS, KELLI S 1725 STATE RD 100 MELROSE, FL 32666		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  DATE 1/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	NAME DAVIS, KELLI S	<input type="checkbox"/> Delete	
STREET ADDRESS 1725 STATE RD 100	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MELROSE, FL 32666	<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		
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		
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 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: 		Date 1/4/06 Daytime Phone # 352-473-0212	