2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000049248

1. Entity Name
DAVMAT, L.L.C.

Principal Place of Business	Mailing Address
37 OLD KINGS ROAD NORTH PALM COAST, FL 32137	37 OLD KINGS ROAD NORTH PALM COAST, FL 32137

01052006No Chg-LLC CRZE083 (11/05)

4. FEI Number
20-1393606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

POLINER, BARBARA A
37 OLD KINGS ROAD NORTH
PALM COAST, FL 32137

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

100000390140
01/23/06 80015-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	POLINER, BARRY S
STREET ADDRESS	37 OLD KINGS ROAD NORTH
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	MGR
NAME	POLINER, BARBARA A
STREET ADDRESS	37 OLD KINGS ROAD NORTH
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 605, Florida Statutes.

SIGNATURE: Barbara A. Poliner 1/5/06 386-445-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Barbara A. Poliner