

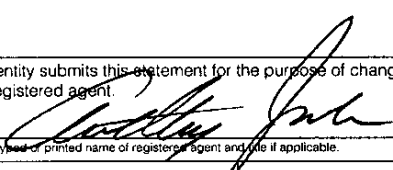
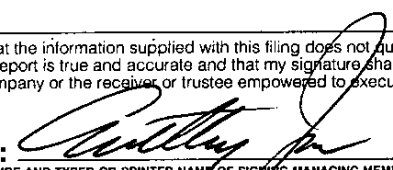


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90092 001 ****50.00

DOCUMENT # L04000052743					
1. Entity Name DAVIS PROFESSIONAL CENTER, LLC					
Principal Place of Business 4111 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503			Mailing Address 4111 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503		
2. Principal Place of Business 880 N. Reus St. Suite, Apt. #, etc. Suite 201		3. Mailing Address Suite, Apt. #, etc. Suite 201			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 20-1373015	
Zip 32501		Country Escambia		Country Escambia	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent JACOBS, ANTHONY R. 4111 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Anthony R. Jacobs Street Address (P.O. Box Number is Not Acceptable) 880 N. Reus St., Ste. 201 City Pensacola FL Zip Code 32501		
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 1/14/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	Partner Anthony R. Jacobs 47 Bayshore Dr. Pensacola, FL 32507	<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	Partner W. A. Lovell, Jr. 4703 Bohemia Dr. Pensacola, FL 32504	<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	Partner Joseph E. Carson 6705 Shady Hollow Dr. Pace, FL 32571	<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	Partner Don J. Suarez 630 Riola Pl Pensacola, FL 32506	<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	Partner 	<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: 			1/14/05 850-432-8446		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		