

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052788

Entity Name: DVA INVESTMENTS, LLC

FILED
Feb 10, 2005
Secretary of State

Current Principal Place of Business:

4901 BELFORT ROAD, STE 165
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

4901 BELFORT ROAD, STE 165
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 77-0643378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET, SUITE 2500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: HAINES, TONY P
Address: 12918 JUPITER HILLS CIRCLE S
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Change (X) Addition
Name: MCTAMMANY, BRITT T
Address: 3043 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Change (X) Addition
Name: FIVEK, CLARK S
Address: 1202 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FIVEK, CLARK

MGRM

02/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date