

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90028 002 ****50.00

DOCUMENT # L04000075663 1. Entity Name 2660 DAVIS LLC				
Principal Place of Business 1800 SECOND STREET SUITE 972 SARASOTA, FL 34236		Mailing Address 1800 SECOND STREET SUITE 972 SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01102005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number 20-1765642
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SPECTOR, GEORGE L 1800 SECOND STREET SUITE 972 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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	MGRM SPECTOR, GEORGE L 1800 SECOND STREET, SUITE 972 SARASOTA, FL 34236	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
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: <i>George L. Spector</i> GEORGE L. SPECTOR
SIGNATURE: _____		Date: 1/10/05	Daytime Phone #: 941-365-0969	