


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90121 011 \*\*\*\*50.00  
09-09-2005 90116 003 \*\*\*\*50.00

<b>DOCUMENT # L04000075912</b>	
1. <input type="checkbox"/> <b>DAVEVELIA, LLC</b>	

<input type="checkbox"/> <b>109 SE GRAHAM STREET PORT CHARLOTTE, FL 33952</b>	<input type="checkbox"/> <b>109 SE GRAHAM STREET PORT CHARLOTTE, FL 33952</b>
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2. Principal Place of Business		3. Mailing Address <b>2525 Harbor Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Ste. 102</b>	
City & State		City & State <b>Port Charlotte, FL</b>	
Zip	Country	Zip <b>33952</b>	Country <b>Charlotte</b>

07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>#02-0743300</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HEEKIN, JOHN CHARLES 21202-C2 OLEAN BOULEVARD PORT CHARLOTTE, FL 33952</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BALLESTAS, DAVID S 109 SE GRAHAM STREET PORT CHARLOTTE, FL 33952</b> <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
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
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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 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.

<b>SIGNATURE:</b> <u><b>David S Ballestas, M.D.</b></u>	<b>9-1-2005</b>	<b>(941) 622-8988</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>