

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L05000006649**

1. Entity Name

DAVIDSON REAL PROPERTIES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

71 RIVER TRAIL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

Zip

32137

Country

USA

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

30006177

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

1840 Coral Way, 4th Floor

City

FL

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]

Signature, typed or printed name of registered agent and the F address.

4/3/06

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S. J. DAVIDSON & MARY N. DAVIDSON
AS TRUSTEES FOR S. J. DAVIDSON TRUST
71 RIVER TRAIL DRIVE
PALM COAST FL 32137**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S. J. DAVIDSON & MARY N. DAVIDSON
AS TRUSTEES FOR M. N. DAVIDSON TRUST
71 RIVER TRAIL DRIVE
PALM COAST FL 32137**

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/06

Date

386-447-9169

Daytime Phone #