


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90353 023 ****50.00

DOCUMENT # L05000018124			
1. Entity Name DAVICO, LLC			
Principal Place of Business 14530 MUSTANG TRAIL SW RANCHES, FL 33330		Mailing Address 14530 MUSTANG TRAIL SW RANCHES, FL 33330	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5722 S. flamingo rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 176	
City & State		City & State Loopier city	
Zip	Country	Zip 33330	Country Brownville
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOCH, STUART E % BLOCH, MINERLEY & FEIN, P.L. 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Notarized Agent signature required when retitling) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ATASH, NISSAM 14530 MUSTANG TRAIL SW RANCHES, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.			
SIGNATURE: <u>Anat Atash</u>		Date: 4-28-07 954-9148111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	