

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 # Suite, Apt. #, etc. City & State Zip		3. Mailing Address 5722 S. flamingo rd Suite, Apt. #, etc. 176 City & State Loopier city Zip 33330 Country Broward FL	
		04302007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number NOT APPLICABLE	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOCH, STUART E % BLOCH, MINERLEY & FEIN, P.L. 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent 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 _____ (Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning). 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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ATASH, ANAT 14530 MUSTANG TRAIL SW RANCHES, FL 33330	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <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: Anat Atash		Date: 4-28-07 Daytime Phone: 954-9148111	