

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90048 020 \*\*\*\*55.00



**DOCUMENT # L05000030705**

1. Entity Name  
**DAVELU, L.L.C.**

Principal Place of Business  
**759 SOUTH FEDERAL HIGHWAY, SUITE 302  
STUART, FL 34994**

Mailing Address  
**759 SOUTH FEDERAL HIGHWAY, SUITE 302  
STUART, FL 34994**



2. Principal Place of Business  
**759 S FEDERAL HIGHWAY  
SUITE 302**

3. Mailing Address  
**759 S FEDERAL  
SUITE 302**

01062006 Chg-LLC CR2E083 (11/05)

City & State  
**STUART FLORIDA**

City & State  
**STUART, FLA**

4. FEI Number  
**EIN 20-3430155**

Applied For  
Not Applicable

Zip  
**34994**

Country  
**USA**

Zip  
**34994**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHRISTENSON, DAVID  
759 SOUTH FEDERAL HIGHWAY, SUITE 302  
STUART, FL 34994**

**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

Signature by: Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1-6-05**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHRISTENSON, DAVID	
STREET ADDRESS	759 SOUTH FEDERAL HIGHWAY, SUITE 302	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHRISTENSON, LUCILLE	
STREET ADDRESS	759 SOUTH FEDERAL HIGHWAY, SUITE 302	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE:

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

**1-6-05**

Date

**772-260-5920**

Daytime Phone #