

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000030705

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

Principal Place of Business 759 SOUTH FEDERAL HIGHWAY SUITE 304 STUART FL 34994	Mailing Address 759 SOUTH FEDERAL HIGHWAY SUITE 304 STUART FL 34994
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 759 S FEDERAL HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 304

1st MOORE CR2E083 (10/06)

City & State STUART FL	4. FEI Number 20-3430155	Applied For <input type="checkbox"/> Not Applicable
Zip 34994	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS													
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">MGRM</td> <td style="width: 85%;">CHRISTENSON, DAVID <input type="checkbox"/> Delete</td> </tr> <tr> <td style="width: 15%;">MGRM</td> <td style="width: 85%;">CHRISTENSON, LUCILLE <input type="checkbox"/> Delete</td> </tr> <tr> <td style="width: 15%;">MGRM</td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;">MGRM</td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;">MGRM</td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;">MGRM</td> <td style="width: 85%;"> </td> </tr> </table>	MGRM	CHRISTENSON, DAVID <input type="checkbox"/> Delete	MGRM	CHRISTENSON, LUCILLE <input type="checkbox"/> Delete	MGRM		MGRM		MGRM		MGRM	
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10. ADDITIONS/CHANGES													
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> </td> </tr> <tr> <td style="width: 15%;"> </td> <td style="width: 85%;"> </td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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02/14/07-80051-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ Date _____ Daytime Phone # _____

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