


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90040 003 \*\*\*138.75

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



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number: 20-3430155 Applied For: Not Applicable

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 304  
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: *David Christenson* DATE: 2-8-08

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**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 304 CITY-ST-ZIP: STUART FL 34994
TITLE: MGRM <input type="checkbox"/> Delete	NAME: CHRISTENSON, LUCILLE STREET ADDRESS: 759 SOUTH FEDERAL HIGHWAY, SUITE 304 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: _____
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: _____
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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 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: *David Christenson* DATE: 2-8-08 772-260-5920

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