


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (ART)

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90061 033 ****50.00

DOCUMENT # L05000035609			
1. Entity Name DAVIDSON CTH, LLC			
Principal Place of Business 1800 GRIFFITH RD. LAMONT FL 32336		Mailing Address P.O. BOX 76 LAMONT FL 32336	
2. Principal Place of Business <i>Lamont, Fl.</i>		3. Mailing Address <i>P.O. Box 76</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Lamont, Fl. 32336</i>	
Zip	Country	Zip	Country
4. FEI Number <i>52-2458272</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDSON, C. LINDEN 1800 GRIFFITH RD. LAMONT FL 32336		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 applicable) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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: <i>C. Linden Davidson</i>		Date: <i>4-5-06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			