

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

<b>DOCUMENT # L05000035609</b> 1. Entity Name <b>DAVIDSON CTH, LLC</b>					
Principal Place of Business <b>1800 GRIFFITH RD. LAMONT FL 32336</b>			Mailing Address <b>P.O. BOX 76 LAMONT FL 32336</b>		
2. Principal Place of Business <b>Lamont, FL.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 76</b> Suite, Apt. #, etc.			
City & State <b>Lamont, FL.</b>		City & State <b>Lamont, FL.</b>		4. FEI Number <b>52-2458272</b>	
Zip <b>32336</b>	Country	Zip <b>32336</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAVIDSON, C. LINDEN 1800 GRIFFITH RD. LAMONT FL 32336</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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-statuting) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State.</b> <b>Due By May 1, 2006</b>					
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 <b>C. LINDEN DAVIDSON MGRM 1800 GRIFFITH RD. LAMONT, FL 32336</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <b>C. LINDEN DAVIDSON</b> 			4-5-06		