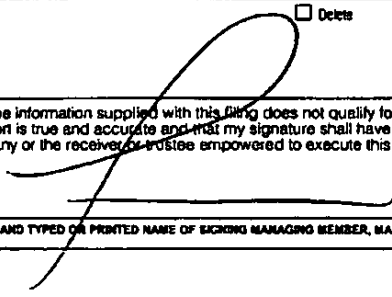


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90020 037 ****50.00

DOCUMENT # L05000050246 1. Entity Name DAVENPORT MMR, LLC					
Principal Place of Business 1750 NORTH FLORIDA MANGO DRIVE, SUITE 103 WEST PALM BEACH, FL 33409			Mailing Address 1750 NORTH FLORIDA MANGO DRIVE, SUITE 103 WEST PALM BEACH, FL 33409		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number			
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LINZNER, BETH E 2295 NW CORPORATE BLVD., SUITE 235 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10. ADDITIONS/CHANGES				
MGR John Metz 1750 N Florida Mango Road WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
MGR ARTHUR MEYER 1750 N. Florida Mango Road WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 4-21-06 Daytime Phone #: 561-684-2101					