


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-16-2007 90184 044 ****50.00

DOCUMENT # L05000056165
 1. Entity Name
 DAVID ALLEY, LLC



Principal Place of Business
 1303 DEXTER AVE
 PENSACOLA FL 32507

Mailing Address
 1303 DEXTER AVE
 PENSACOLA FL 32507



2. Principal Place of Business - No P.O. Box #
 3215 BARRANCAS AVE

3. Mailing Address
 3215 BARRANCAS AVE

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State
 Pensacola Florida

City & State
 Pensacola Florida

Zip
 32507

Country
 USA

Zip
 32507

Country
 USA

4. FEI Number 45-7473924 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALLEY, DAVID
 1303 DEXTER AVE
 PENSACOLA FL 32507

7. Name and Address of New Registered Agent
 Name: David Alley
 Street Address (P.O. Box Number is Not Acceptable)
 3215 BARRANCAS AVE
 City: Pensacola FL Zip Code: 32507

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's signature required when 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ALLEY, DAVID 1303 DEXTER AVE PENSACOLA FL 32507 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR David Alley 3215 BARRANCAS AVE PENSACOLA FL 32507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: David Alley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #