


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000060445 1. Entity Name DAVIDSON MIDNIGHT PASS, LLC	
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Principal Place of Business 1281 SOUTH TAMiami TRAIL SARASOTA, FL 34239	Mailing Address 1281 SOUTH TAMiami TRAIL SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1901857	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIDSON, JOHN B
1281 SOUTH TAMiami TRAIL
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

8. The above named entry 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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000593321
01/22/07-80026-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, JOHN B 1281 S TAMiami TR SARASOTA, FL 34239
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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:  **1-15-07** **941-365-1515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOHN B. DAVIDSON