

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 26, 2006 8:00 am
Secretary of State

04-14-2006 90030 006 ****50.00

DOCUMENT # L05000071702 1. Entity Name DAVIS-NUNNERY INDUSTRIES, L.L.C.					
Principal Place of Business 349 HONEY COVE COURT FORT WALTON BEACH, FL 32548			Mailing Address 349 HONEY COVE COURT FORT WALTON BEACH, FL 32548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOSTER, WILLIAM S 909 MAR WALT DRIVE SUITE 1014 FT. WALTON BEACH, FL 32547			Name DAVIS, WILLIAM A. Street Address (P.O. Box Number is Not Acceptable) 349 Honey Cove Ct., SW City Fort Walton Beach FL Zip Code 32548		
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 _____ DATE _____ Signature, typed or printed name of registered agent and file 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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, WILLIAM A 349 HONEY COVE COURT FT. WALTON BEACH, FL 32548 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NUNNERY, PHILIP H 349 HONEY COVE COURT FT. WALTON BEACH, FL 32548 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <i>William A. Davis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <i>4/11/06</i> Daytime Phone #		