

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075681

FILED
May 19, 2009
Secretary of State

Entity Name: DAVIS AND STEPHENSON, P.L.

Current Principal Place of Business:

227 NORTH MAGNOLIA AVE.
SUITE 101
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

227 NORTH MAGNOLIA AVE.
SUITE 101
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-3288048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, JACQUELINE K
601 SPINNAKER WAY
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

DAVIS, JACQUELINE K
248 CEDARWOOD DR.
MAITLAND, FL 32751 US

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.

SIGNATURE: J. KELLEY DAVIS

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, JACQUELINE K
Address: 601 SPINNAKER WAY
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: STEPHENSON, CHRISTOPHER M
Address: 1204 EAST WASHINGTON STREET, APT. 1
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J. KELLEY DAVIS

MGRM

05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date