

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077855

Entity Name: DEAVILA VAUGHN SBC, LLC

FILED
May 24, 2006
Secretary of State

Current Principal Place of Business:

1355 LAMONT CIRCLE
DACULA, GA 30019

New Principal Place of Business:

Current Mailing Address:

1355 LAMONT CIRCLE
DACULA, GA 30019

New Mailing Address:

FEI Number: 20-3272235 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:

WANDERON, THOMAS
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAUGHN, TODD
Address: 1355 LAMONT CIRCLE
City-St-Zip: DACULA, GA 30019

Title: MGRM () Delete
Name: DEAVILA, SEAN
Address: 1215 AUSTIN ROAD
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: DEAVILA, KAREN
Address: 1215 AUSTIN ROAD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

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

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 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: TODD VAUGHN

MGRM

05/24/2006

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