

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084732

Entity Name: DAVJUL ENTERPRISES, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

125 NORTHSORT CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

138 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708

Current Mailing Address:

125 NORTHSORT CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-3367766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOHORQUEZ, EMERALDA
125 NORTHSORT CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

BOHORQUEZ, ESMERALDA
125 NORTHSORT CIRCLE
CASSELBERRY, FL 32707 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: ESMERALDA BOHORQUEZ

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOHORQUEZ, EMERALDA
Address: 125 NORTHSORT CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: RODRIGUEZ, MARIO
Address: 125 NORTHSORT CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOHORQUEZ, ESMERALDA
Address: 125 NORTHSORT CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

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: ESMERALDA BOHORQUEZ

MGR

01/18/2006

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