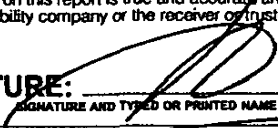


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90067 028 ****50.00

DOCUMENT # L05000097810 1. Entity Name DAVIS & UNDERWOOD LLC					
Principal Place of Business 6590 HOLLYWOOD BLVD. PEMBROKE PINES, FL 33024			Mailing Address 5014 EMHOFF RD CHITTENANGO, NY 13037		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 43-2089395			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LEDYARD H. DEWEES, P.A. 270 NW 3RD COURT BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, STEVE 6590 HOLLYWOOD BLVD. PEMBROKE PINES, FL 33024	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, JOHN 6590 HOLLYWOOD BLVD. PEMBROKE PINES, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNDERWOOD, STEVE 6590 HOLLYWOOD BLVD. PEMBROKE PINES, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/26/07 Daytime Phone #					