

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90080 017 ****50.00

DOCUMENT # L06000019854 1. Entity Name DA VINCI BY THE SEA, LLC					
Principal Place of Business 1633 BONAVENTURE BOULEVARD WESTON, FL 33326			Mailing Address 1633 BONAVENTURE BOULEVARD WESTON, FL 33326		
2. Principal Place of Business - No P.O. Box # 3052 UNIVERSITY PARKWAY		3. Mailing Address 3052 UNIVERSITY PARKWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FLORIDA		City & State SARASOTA, FLORIDA		4. FEI Number 20-5065812	
Zip 34243		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MACINTER CORPORATION 15802 NW 14 MANOR PEMBROKE PINES, FL 33028			7. Name and Address of New Registered Agent Name MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 3052 UNIVERSITY PARKWAY City SARASOTA FL Zip Code 34243		
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 03 01 07	
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	MGR CURCI, MIGUEL A 1633 BONAVENTURE BOULEVARD WESTON, FL 33326		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CURCI, MIGUEL A 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CURCI, JUAN C 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date 03 01 07 Daytime Phone # 941 351 5310		