

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035781

Entity Name: DAVIS, LLC

FILED
Jan 05, 2008
Secretary of State

Current Principal Place of Business:

5051 PELICAN COLONY BOULEVARD #1901
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

5051 PELICAN COLONY BOULEVARD #1901
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-4703400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & A AGENTS, INC.
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 341033587 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: MGR () Delete
Name: DAVIS, THOMAS J
Address: 5051 PELICAN COLONY BOULEVARD #1504
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: DAVIS, CINDY A
Address: 5051 PELICAN COLONY BOULEVARD #1504
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, THOMAS J
Address: 5051 PELICAN COLONY BOULEVARD #1901
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR (X) Change () Addition
Name: DAVIS, CINDY A
Address: 5051 PELICAN COLONY BOULEVARD #1901
City-St-Zip: BONITA SPRINGS, FL 34134

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: CINDY DAVIS

PRES

01/05/2008

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