

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064957

FILED
Jan 23, 2009
Secretary of State

Entity Name: DAVENPORT ENTERPRISE LLC

Current Principal Place of Business:

2113 GULF BOULEVARD
SUITE B
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

2113 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 33785 US

Current Mailing Address:

2113 GULF BOULEVARD
SUITE B
INDIAN ROCKS BEACH, FL 33785 US

New Mailing Address:

2113 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MICHAEL W
2113 GULF BOULEVARD
SUITE B
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

DAVIS, MICHAEL W
2113 GULF BOULEVARD
INDIAN ROCKS BEACH, FL 33785 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:

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEVER, PATRICIA D
Address: 1540 GULF BOULEVARD # 306
City-St-Zip: CLEARWATER, FL 33767 US

Title: MGR () Delete
Name: DAVENPORT, ROY T
Address: 515 PLAZA SEVILLE COURT # 29
City-St-Zip: TREASURE ISLAND, FL 33706 US

ADDITIONS/CHANGES:

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 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: TOM DAVENPORT

MGR

01/23/2009

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