

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90007 011 \*\*\*138.75

60039671



|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L06000107727</b><br>1. Entity Name<br>DAVINCI PROPERTIES, L.L.C.   |  |   |   |  |  |
| Principal Place of Business<br>603 CASA BELLA CIRCLE<br>TAMPA, FL 33609  |  |   | Mailing Address<br>603 CASA BELLA CIRCLE<br>TAMPA, FL 33609 |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |   |  |  |
| City & State   |  | City & State  |   |  |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br>20-5828323  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For <input type="checkbox"/><br>Not Applicable <input checked="" type="checkbox"/>   |  |
| 6. Name and Address of Current Registered Agent<br><br>SMITH-GUERRERO, DANNA<br>603 CASA BELLA CIRCLE<br>TAMPA, FL 33609   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   | Make check payable to<br>Florida Department of State        |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SMITH-GUERRERO, DANNA<br>603 CASA BELLA CIRCLE<br>TAMPA, FL 33609 | <input type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____ <span style="float: right;">4.26.08</span>   |  |   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |   |   |  |  |