

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90172 008 ***138.75

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01172008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000009755 1. Entity Name DAVIS & KIRSTE, P.L.					
Principal Place of Business 803 E. DIXIE AVENUE LEESBURG, FL 34748			Mailing Address 803 E. DIXIE AVENUE LEESBURG, FL 34748		
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 20-8393479				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, HUGH A II 803 E. DIXIE AVENUE LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name DAVIS, HUGH A. II Street Address (P.O. Box Number is Not Acceptable) 803 E. Dixie Avenue City Leesburg FL Zip Code 34748		
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 <u></u> DATE <u>3/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, HUGH A II 803 E. DIXIE AVENUE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSTE, M. MEREDITH 803 E. DIXIE AVENUE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRSTE, M. MEREDITH 803 E. DIXIE AVENUE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
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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: <u></u>			HUGH A. DAVIS, II (352) 326-3455		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		