

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90268 050 \*\*\*145.18

<b>DOCUMENT # L07000081654</b> 1. Entity Name <b>THE LAW OFFICES OF DAVIS &amp; DAVIS, PL</b>					
Principal Place of Business <b>1472 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205</b>			Mailing Address <b>1472 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205</b>		
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		02222008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>26-0762208</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>FAWBUSH, ANDREW J 50 NORTH LAURA STREET SUITE 2800 JACKSONVILLE, FL 32202</b>	
7. Name and Address of New Registered Agent Name <b>Harry D. Francis</b> Street Address (P.O. Box Number is Not Acceptable) <b>4310 Pablo Oaks Ct, #</b> City <b>Jacksonville</b> FL      Zip Code <b>32224</b>				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 <i>Harry D. Francis</i> DATE <b>3/11/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAVIS, JILL SMITH 1472 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAVIS, DIANA BOLLING 1472 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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> <i>[Signature]</i> <b>2/29/08 (904) 318-1688</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					