

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020145

Entity Name: DAVISON HOLDINGS, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

2 JOSEPH TUCK COURT
AURORA, ONTARIO, CANADA, L4G 7TS

New Principal Place of Business:

2 JOSEPH TUCK COURT
AURORA, ON L4G 7T5 CA

Current Mailing Address:

2 JOSEPH TUCK COURT
AURORA, ONTARIO, CANADA, L4G 7TS

New Mailing Address:

2 JOSEPH TUCK COURT
AURORA, ON L4G 7T5 CA

FEI Number: 71-1050717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSIN, ANDREW W
1820 RINGLING BLVD
SARASOTA, FL 34236 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: MGRM () Delete
Name: SEMLER-DAVISON, SARAH
Address: 2 JOSEPH TUCK COURT
City-St-Zip: AURORA, ONTARIO, CANADA, L4G 7TS

Title: MGRM () Delete
Name: DAVISON, GREG
Address: 2 JOSEPH TUCK COURT
City-St-Zip: AURORA, ONTARIO, CANADA, L4G 7TS

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEMLER-DAVISON, SARAH
Address: 2 JOSEPH TUCK COURT
City-St-Zip: AURORA, ON L4G 7T5 CA

Title: MGRM (X) Change () Addition
Name: DAVISON, GREG
Address: 2 JOSEPH TUCK COURT
City-St-Zip: AURORA, ON L4G 7T5 CA

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: GREG DAVISON

MR

04/14/2009

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