

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042704

FILED  
May 07, 2009  
Secretary of State

Entity Name: ADDISON-DAVIS RESIDENTIAL DESIGN LLC

**Current Principal Place of Business:**

2536 DAKOTA TRAIL  
FERN PARK, FL 32730

**New Principal Place of Business:**

1518 TALLY CIRCLE  
OVIEDO, FL 32765

**Current Mailing Address:**

2536 DAKOTA TRAIL  
FERN PARK, FL 32730

**New Mailing Address:**

1518 TALLY CIRCLE  
OVIEDO, FL 32765

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

**Name and Address of Current Registered Agent:**

DAVIS, LARRY D  
2536 DAKOTA TRAIL  
FERN PARK, FL 32730    US

**Name and Address of New Registered Agent:**

DAVIS, LARRY D MR.  
1518 TALLY CIRCLE  
OVIEDO, FL 32765    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: LARRY D. DAVIS

05/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM    ( ) Delete  
Name:           DAVIS, LARRY D  
Address:        2536 DAKOTA TRAIL  
City-St-Zip:    FERN PARK, FL 32730

**ADDITIONS/CHANGES:**

Title:            MGRM    (X) Change ( ) Addition  
Name:           DAVIS, LARRY D  
Address:        1518 TALLY CIRCLE  
City-St-Zip:    OVIEDO, FL 32765

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: LARRY D. DAVIS

MR.

05/07/2009

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