

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 20 PM 12:00

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L98000000007

DAVENE DEVELOPMENT, L.C.
26300 SOUTHERN PINES DRIVE
BONITA SPRINGS FL 34135

1a. Principal Place of Business Address

26300 SOUTHERN PINES DRIVE
BONITA SPRINGS FL 34135

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/26/1997

FL

City & State

City & State

4. FEI Number

59-3483367

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

SD 25 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

MICHAELS, NANCY
26300 SOUTHERN PINES DR.
BONITA SPRINGS FL 34135

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

500002467025-- 4

-03/24/98--01093--018

City

***197.50 ***197.50

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MICHAELS, NANCY T	26300 SOUTHERN PINES DRIVE	BONITA SPRINGS FL
MGR	TESONE, ANTHONY	5374 WILLIAM FLYNN HIGHWAY	GIBSONIA PA
MGR	TESONE, JOSEPH	5374 WILLIAM FLYNN HIGHWAY	GIBSONIA PA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Partner

3/4/98

412 781 4551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #