2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # M02000001303 1. Entity Name DAVCO PROPERTY INVESTMENT, LLC 03 APR 15 PM 3:22 Secretary of State Geenhasseefflorida Principal Place of Business Mailing Address 4470 SPANISH TRAIL 4470 SPANISH TRAIL PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 219 GRANGE St. 219 BRANGE St. Applied For City & State City & State 4. FEI Number NEDTUNE-BEACH FL BEACH Not Applicable NEPTUNE Zip Country \$5.00 Additional 5. Certificate of Status Desired. 32266 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVERETT, ROBERT J Smith Michael 13336 NORTH CENTRAL AVE. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33612 219 ORANGE ST. NEDTUNE BEACH 32266 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 ! (NOTE: Reustered Agent signature required when reinstating **第**00016076586 FILE NOW!!! FEB IS \$50.00 Make Check Payable to Fiorida Department of Stars / 15/03--01071--005 Due By May 1, 2003 **55,00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. (10/02) MGRM TITLE TITLE ■ Addition □ Delete SMITH, DAVID NAME NAME 219 ORANGE ST. 4470 SPANISH TRAIL STREET ADDRESS STREET ADDRESS CR2E083 NEPHULE BEACH FL 32266 PENSACOLA, FL 32504 CITY-51-21P CITY -ST-ZIP TITLE ☐ Delete TITLE □ Change Addition MGRM NAME NAME Smith, Michel STREET ADDRESS STREET ADDRESS 219 ORANGE St. NEPTINE BEARFL 32266 CRY-ST-7/P CITY-ST-7IP 3171F Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME M THOMAS STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-2IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3X)), Florida Statutes. I further certify that the information indicated on this report is true and acceptate 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 of rustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MERIBER, MANAGER OR AUTHORIZED REPRESENTATIVE

was a state of

904-651-8861