


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002511 1. Entity Name DAVLIN PROPERTIES, L.L.C.	
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Principal Place of Business 40 FOX GLEN ROAD MORELAND HILLS, OH 44022	Mailing Address 40 FOX GLEN ROAD MORELAND HILLS, OH 44022
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DO NOT WRITE IN THIS SPACE



07062004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 34-1795927	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LUSTIG, GREGORY 19227 SKYRIDGE CIR. BOCA RATON, FL 33498
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**DO NOT WRITE
IN THIS SPACE**

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: Registered Agent signature required when re/instating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPROSY, DAVID V 40 FOX GLEN ROAD MORELAND HILLS, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAPROSY, LINDA J 40 FOX GLEN ROAD MORELAND HILLS, OH 44022
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08/02/04-80011-008 55.00

11. I 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 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.

DAVID V. KAPROSY, MANAGING MEMBER
SIGNATURE: _____ **7-6-04** **440-349-3465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #