

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003028

Entity Name: DAVISON, LLC

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

1164 FOREST LAKES WAY
STERRETT, AL 35147

New Principal Place of Business:

2832 LAKEWOOD TRACE
BIRMINGHAM, AL 35242

Current Mailing Address:

1164 FOREST LAKES WAY
STERRETT, AL 35147

New Mailing Address:

2832 LAKEWOOD TRACE
BIRMINGHAM, AL 35242

FEI Number: 20-4768749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIN, KURT L
1030 SCENIC GULF DR., UNIT 2A
DESTIN, FL 32550 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: MGR () Delete
Name: TOBIN, KURT L
Address: 1164 FOREST LAKES WAY
City-St-Zip: STERRETT, AL 35147

Title: MGR () Delete
Name: COLE, KOREN A
Address: 1164 FOREST LAKES WAY
City-St-Zip: STERRETT, AL 35147

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOBIN, KURT L
Address: 2832 LAKEWOOD TRACE
City-St-Zip: BIRMINGHAM, AL 35242

Title: MGR (X) Change () Addition
Name: COLE, KOREN A
Address: 2832 LAKEWOOD TRACE
City-St-Zip: BIRMINGHAM, AL 35242

I hereby certify that the information supplied with this filing does not qualify for the 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: KOREN COLE

MGR

02/05/2007

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