2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034300

1. Entity Name

DAVIS HERITAGE GP HOLDINGS, LLC



FILED Apr 19, 2006 08:00 AN **Secretary of State**

Principal Place of Business

20725 S.W. 46TH AVENUE NEWBERRY, FL 32669

Mailing Address

20725 S.W. 46TH AVENUE NEWBERRY, FL 32669



01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 72-1551302 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SITTERSON, CURTIS H 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER MIAMI, FL 33130

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	named entity submits this statement for the purpose of changing of registered agent.	ging its registere	d office or registered	dagent, or b	ooth, in the	State of Florid	la. I am fam	iliar with, and a	accept
SIGNATURE_			<u> </u>						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered	Agent signature required wi	hen reinstating)		<u>, , , , , , , , , , , , , , , , , , , </u>	DATE		<u> </u>
	ling Fee is \$50.00 ue by May 1, 2006	. ,	<u> </u>	* ==	<u> </u>		.**	<u>.</u>	
9.	MANAGING MEMBERS/MANAGERS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM DAVIS, STEFAN M MGRM 20725 SW 46 AVE NEWBERRY, FL 32669		, ,		05	U00000 /02/06-	518361 80008-	-002 SS.	00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · ·				T WF		•	
NAME STREET ADDRESS CITY-ST-ZIP				IN	IHI	S SP/	ACE		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP

> SIGNATURE AND TYPED OR RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stefan M. Davis

352-472-7773

Daytime Phone #