


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000034300</b> 1. Entity Name <b>DAVIS HERITAGE GP HOLDINGS, LLC</b>	
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Principal Place of Business <b>20725 S.W. 46TH AVENUE NEWBERRY, FL 32669</b>	Mailing Address <b>20725 S.W. 46TH AVENUE NEWBERRY, FL 32669</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 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**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DAVIS, STEFAN M MGRM 20725 SW 46 AVE NEWBERRY, FL 32669</b>
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05/07/07-80016-014 50.00

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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 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:** \_\_\_\_\_

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

**Stefan M. Davis**

**January 4, 2007**

Date

**352-472-7773**

Daytime Phone #