2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034300

1. Entity Name

DAVIS HERITAGE GP HOLDINGS, LLC



Principal Place of Business

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

Mailing Address

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

FILED Mar 28, 2008 08:00 Al Secretary of State



01212008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 72-1551302 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 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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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, typed or printed name of registered agent and title if applicable

(NOTE, Registored Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U000008731<u>0</u>2

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME DAVIS, STEFAN M MGRM 20725 SW 46 AVE STREET ADDRESS NEWBERRY, FL 32669 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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 flability 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 31, 2008

(352) 472-7773

Date

Daytime Phone #