LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # L02000034325

1. Entity Name

DAVIS HERITAGE - BARCLAY FORGE, LLC



## **FILED** Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90033 005 \*\*\*\*55.00

THIS SPACE

stered Agent

Applied For

\$5.00 Additional

Fee Required

Not Applicable

DO NOT WR	ITE IN THIS	SPACE	
2. Principal Place of Business	3. Mailing Address		
20725 SW 46 Ave Suite, Apt. #, etc.	20725 SW Suite, Apt. #, etc.	46 A <del>v</del> e	DO NOT WRITE IN
City & State Newberry F1	City & State Newberry	Fl	4. FEI Number 83-1618949
Zip Country 32669 USA	Zip 32669	Country USA	5. Certificate of Status Desired
	art other Proposition Could be only by Modelland Plans.	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of Current Regi
DO NOT	Weite	Name J	ames J Stockman

IN THIS SPACE

				5-11-
Name	James J S	Stockman		
Street A	ddress (P.O. Box Nur 20725 SW	nber is Not Acceptable) - 46 Ave	-	
City	Newherry		FL	Zip Code

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.	DATE
	FEE IS \$50.00	

Make Check Payable to Florida Department of State DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS	and Marcal & Congress of	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Davis Heritage GP Holdings LLC 20725 SW446 Ave Newberry Fl 32669	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

SIGNATURE:

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