

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000022670

1. Entity Name

DAVIS HERITAGE-DIPLOMAT LLC



Principal Place of Business

20725 SW 46TH AVENUE
NEWBERRY, FL 32669

Mailing Address

20725 SW 46TH AVENUE
NEWBERRY, FL 32669

DO NOT WRITE IN THIS SPACE



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

55-0865016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669

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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

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

U000000873028
04/10/08-80063-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVIS HERITAGE GP HOLDINGS, LLC
STREET ADDRESS	20725 SW 46TH AVENUE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Stefan M. Davis

January 31, 2008

(352) 472-7773

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

Date

Daytime Phone #