## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022675

1. Entity Name
DIPLOMAT AT JACKSON LLC



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

Principal Place of Business

Mailing Address

20725 SW 46TH AVENUE NEWBERRY, FL 32669 20725 SW 46TH AVENUE NEWBERRY, FL 32669



## DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 89-0723376

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

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>				
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	MGRM DAVIS HERITAGE - DIPLOMAT LLC 20725 SW 46TH AVENUE NEWBERRY, FL 32669		U00000728424 05/07/07-80016-019 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

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:

STREET ADDRESS CITY-ST-ZIP

Styl De

Stefan M. Davis

January 4, 2007

352-472-7773

GNATURE AND TYPED OR BRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #