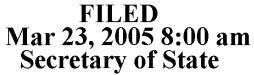
SIGNATURE:

Stefan M. Davis

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

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



2/24/05

352-472-7773 Daytime Phone #

DOCUMENT # L04000029905 1. Entity Name DAVIS HERITAGE - BISCAYNE, LLC						03-23-2005	90241 0	07 ****50	.00
Principal Place 20725 SW 46 NEWBERRY, I	6TH AVENUE	Mailing Address 20725 SW 46TH AVENUE NEWBERRY, FL 32669		-			M 88118 11818 1	****	84 1 III (98)
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01112005	Chg-LLC	CR2E	083 (10/03)	
City & State	е	City & State			4. FEI Numb 54 -	214975	a	Not	plied For t Applicable
Zip	Country Zip Co		Countr	у	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
STOCKMAN, JAMES J. 20725 SW 46TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
NEWBERRY, FL 32669									
		-	City FL Zip Code						
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.			d office or register		oth, in the State of Fl	orida. I am DATE	familiar with, a	and accept
Filing Fee is \$50.00 Due by May 1, 2005								payable to nent of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS HERITAGE GP HOLDING 20725 SW 46TH AVENUE NEWBERRY, FL 32669	□ Delete SS, LLC		T ADDRESS ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		T ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	•	T ADDRESS ST-ZIP	•			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP				Change	Addition
11. I hereby indicated limited lia	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or truste	n this filing does not qualify f that my signature shall have e empowered to execute thi	or the exen e the same s report as	nption stated in Se legal effect as if r required by Chap	ection 119.07(3 made under oat oter 608, Florida)(i), Florida Statutes. h; that I am a mana Statutes.	I further co ging memb	ertify that the in oer or manage	nformation or of the