2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Mar 23, 2005 8:00 am Secretary of State **DOCUMENT # L04000034347** 03-23-2005 90243 036 ****50.00 DAVIS HERITAGE - MILLEDGEVILLE, LLC Principal Place of Business Mailing Address 20725 SW 46TH AVENUE 20725 SW 46TH AVENUE 20024265 NEWBERRY, FL 32669 NEWBERRY, FL 32669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 56-2457275 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOCKMAN, JAMES J Street Address (P.O. Box Number is Not Acceptable) 20725 SW 46TH AVENUE NEWBERRY, FL 32669 City 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 Filing Fee is \$50.00 at Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. - 1. si **MGRM** TITLE TITI F ☐ Defete ☐ Channe ☐ Addition DAVIS HERITAGE GP HOLDINGS, LLC NAME 20725 SW 46TH AVENUE STREET ADORESS STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

☐ Change

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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.

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

352-472-7773 Stefan M. Davis 2/24/05 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #