2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000045783

DAVIS HERITAGE - BALEEN, LLC



Principal Place of Business

20725 SW 46TH AVENUE NEWBERRY, FL 32669 US Mailing Address

20725 SW 46TH AVENUE NEWBERRY, FL 32669 US

FILED Mar 28, 2008 08:00 A **Secretary of State**



DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2683961

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

8. The	above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in it	the State of Florida.	I am familiar with, and a	ccept
the	obligations of registered agent.			•

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

UUUUUU873035 04/10/08-80063-006 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM DAVIS HERITAGE GP HOLDINGS, LLC 20725 SW 46TH AVENUE NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ITILE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

IN THIS SPACE

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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daylime Phone #