

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000048893

1. Entity Name
DAVIS HERITAGE - ANTIGUA, 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

2E083 (11/05)

4. FEI Number 55-0883712

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

DO NOT WRITE IN THIS SPACE

	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.	
SIG	SNATURE	

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

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

U00000728428 05/07/07-80016-022 50.00

DO NOT WRITE 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:

SHINT

__Stefan M. Davis

January 4, 2007

352-472-7773

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

Date

Daytime Phone #