## 2008 LIMITED LIABILITY COMPANY

## FILED Mar 28, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L04000048893 1. Entity Name DAVIS HERITAGE - ANTIGUA, LLC Principal Place of Business Mailing Address 20725 SW 46TH AVENUE 20725 SW 46TH AVENUE NEWBERRY, FL 32669 NEWBERRY, FL 32669 01212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number 55-0883712 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STOCKMAN, JAMES J 20725 SW 46TH AVENUE NEWBERRY, FL 32669 IN THIS SPACE Experience of the state of the second 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 (NOTE Registered Agent signature required when reinstating) U00000873041 FILE NOW!!! FEE 1\$ \$138.75 04/ĬŎŽŎŠ-ŠĊŎŠ3-008 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME DAVIS HERITAGE GP HOLDINGS, LLC STREET ADDRESS 20725 SW 46TH AVENUE CITY-ST-ZIP NEWBERRY, FL 32669 TITLE

## NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITE IN THIS SPACE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

Stefan M. Davis

January 31, 2008

(352) 472-7773

Applied For

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

Daylyne Phone #