

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # L04000052273

1. Entity Name  
DAVIS HERITAGE - -BEAU VIEW, LLC



Principal Place of Business  
20725 SW 46TH AVENUE  
NEWBERRY, FL 32669 US

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



01212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2470386

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 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)

00000873853

04/10/08-80063-005 138.75

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
DAVIS HERITAGE GP HOLDINGS, LLC  
20725 SW 46TH AVENUE  
NEWBERRY, FL 32669

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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CITY- ST- ZIP

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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: \_\_\_\_\_

Stefan M. Davis

January 31, 2008

(352) 472-7773

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

Date

Daytime Phone #