## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT

Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90027 006 \*\*\*\*55.00 **DOCUMENT #L04000072916** 1. Entity Name
DUDA GC NEWNAN, LLC 60042041 Principal Place of Business Mailing Address 1200 DUDA TRAIL PO BOX 620257 OVIEDO, FL 32765 OVIEDO, FL 32762-0257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192007 Chq-LLC CR2E083 (12/06) Applied For 4. FEI Number City & State City & State Not Applicable \$5.00 Additional Fee Required Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAPMAN, TRACY DUDA Street Address (P.O. Box Number is Not Acceptable) 1200 DUDA TRAIL OVIEDO, FL 32765 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE Delete TITLE Chance ☐ Addition A. DUDA & SONS, INC. HORIZONS ST. LUCIE GROVES ASSOCIATES NAME NAME 1200 DUDA TRAIL 1200 DUDA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP OVIEDO, FL 32765 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete - Change - - Addition THLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

407-365-2111

NATURE AND TYPED OR PRINTED NA David J. Duda