
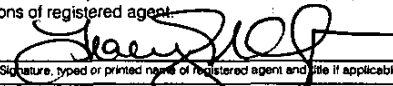
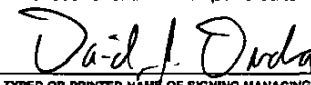


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90023 005 ****55.00

DOCUMENT # L04000073037 1. Entity Name DUDA GC CONYERS, LLC					
Principal Place of Business 1975 WEST STATE ROAD 426 OVIEDO, FL 32765			Mailing Address PO BOX 620257 OVIEDO, FL 32762-0257		
2. Principal Place of Business 1200 Duda Trail		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State			
Zip 32765	Country	Zip	Country		
4. FEI Number 65-0176373			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CHAPMAN, TRACY DUDA 1975 WEST STATE ROAD 426 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1200 Duda Trail City Oviedo FL Zip Code 32765		
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 		Tracy Duda Chapman, Secretary		4/11/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HORIZONS ST. LUCIE GROVES ASSOCIATES 1975 WEST STATE ROAD 426 OVIEDO, FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1200 Duda Trail Oviedo, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		David J. Duda		4/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	