2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000073037

1. Entity Name
DUDA GE CONYERS, LLC



FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

1200 DUDA TRAIL OVIEDO, FL 32765 __ Mailing Address

PO BOX 620257

OVIEDO, FL 32762-0257



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0176373

Applied For Not Applicat

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, TRACY DUDA 1200 DUDA TRAIL OVIEDO, FL 32765

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	named entity submits this statement for the purpose of char- tions of registered agent.	nging its registered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and acc	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signatule required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIZONS ST. LUCIE GROVES ASSOCIATES 1200 DUDA TRAIL OVIEDO, FL 32765		000000517640 05/01/06-80054-003 55 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AGGRESS CITY-SI-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	N THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

Daild Duda David J. Duda

04/12/06

107-26- 711

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

Daytima Phone #