2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073037

1. Entity Name
DUDA GC CONYERS, LLC

Principal Place of Business	Mailing Address
1200 DUDA TRAIL OVIEDO, FL 32765	PO BOX 620257 OVIEDO, FL 32762-0257

60042040

04172007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

4. FEI Number	Applied For
~~65-0170373~~ 59-0700499	Not Applicable

Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, TRACY DUDA 1200 DUDA TRAIL OVIEDO, FL 32765	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL 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)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete HORIZONS ST. LUCIE GROVES ASSOCIATES 1200 DUDA TRAIL OVIEDO, FL 32765	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A. DUDA & SONS, INC. 1200 DUDA TRAIL ~~OVIEDO, FL 32765~~	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _David J. Duda_   04/19/07   407-365-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

David J. Duda