

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000031319

1. Entity Name

DHP CONSERVATORY #183, LLC



Principal Place of Business

3514 OVERCREEK ROAD
COLUMBIA, SC 29206 US

Mailing Address

3514 OVERCREEK ROAD
COLUMBIA, SC 29206 US



03082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2616875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICHARD T
901 N. OLIVE AVENUE
WEST PALM BEACH, FL 33401

**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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DRAKE, RUSSELL
STREET ADDRESS 26 ASHWORTH LANE
CITY-ST-ZIP COLUMBIA, SC 29206

TITLE MGRM
NAME HUFFSTETLER, DANIEL E
STREET ADDRESS 6117 FAIR VALLEY DRIVE
CITY-ST-ZIP CHARLOTTE, NC 28226

TITLE MGRM
NAME POWELL, DENNIS J
STREET ADDRESS 3514 OVERCREEK ROAD
CITY-ST-ZIP COLUMBIA, SC 29206

TITLE
NAME
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CITY-ST-ZIP

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U00000675786
03/30/07-80034-009 50.00

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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: _____

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

Date

Daytime Phone #