

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90010 049 ****50.00

DOCUMENT # L05000091158

1. Entity Name
DAVIS HERITAGE - BAYTREE, LLC



Principal Place of Business
**20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US**

Mailing Address
**20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US**

40032276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
59-3825607

Applied For
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

**STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669**

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DAVIS HERITAGE GP HOLDINGS, LLC
20725 SW 46TH AVENUE
NEWBERRY, FL 32669** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
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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:

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

Day

Daytime Phone #



April 14, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Re: Annual Report Filings

To Whom it May Concern:

Please find enclosed the following Annual Reports and associated filing fees:

Baytree Plantation, LLC

Davis Heritage - Baytree, LLC

Thank you for your assistance in processing this application. Please contact me with any questions you may have at: 352-472-7773 extension 12.

Sincerely,

April L. Cliche
Office Manager