## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000091162

1. Entity Name

BAYTREE PLANTATION, LLC



Principal Place of Business

Mailing Address

20725 SW 46TH AVENUE NEWBERRY, FL 32669 US 20725 SW 46TH AVENUE NEWBERRY, FL 32669 US

**FILED** Apr 16, 2007 08:00 A Secretary of State



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
55-0906821		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

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

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in</li></ol>	the State of Florida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	

(NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME :	DAVIS HERITAGE - BAYTREE, LLC	
STREET ADDRESS	20725 SW 46TH AVENUE	
CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CiTY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP	*	
TITLE	, ,	
NAME	·	
STREET ADDRESS		
CITY-ST-ZIP	·	
11. I hereby certify that the information supplied with this filing does not qualify for the e		

000000711862 04/26/07-80023-013 50.00

DATE

## DO NOT WRITE IN THIS SPACE

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 PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u>Stefan M. Davis</u>

January 4, 2007

352-472-7773

Date

Daytime Phone #