

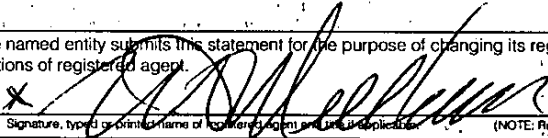



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90027 030 ****50.00

DOCUMENT # L05000101344					
1. Entity Name DAVIS PROPERTIES OF SUMTER COUNTY, LLC					
Principal Place of Business 5796 SW 89TH STREET OCALA, FL 34476			Mailing Address 5796 SW 89TH STREET OCALA, FL 34476		
2. Principal Place of Business 3041 SANDY LN Suite, Apt. #, etc.		3. Mailing Address 3041 SANDY LN Suite, Apt. #, etc.			
City & State THE VILLAGES FL		City & State THE VILLAGES FL		4. FEI Number 20-3720061	
Zip 32162		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE MILLHORN LAW FIRM 13710 US HWY 441 SUITE 100 LADY LAKE, FL 32159			7. Name and Address of New Registered Agent 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:  MICHAEL MILLHORN MGR 3/13/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 MGR NAME DAVIS, TODD L STREET ADDRESS 5796 SW 89TH STREET CITY-ST-ZIP OCALA, FL 34476	<input type="checkbox"/> Delete		TITLE MGR NAME SOUTHARD, SAMUEL STREET ADDRESS 1316 BOWMAN ST CITY-ST-ZIP CLERMONT FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME ROEDL, LAWRENCE A STREET ADDRESS 3041 SANDY LANE CITY-ST-ZIP THE VILLAGES, FL 32162	<input type="checkbox"/> Delete		TITLE MGR NAME MILLHORN, MICHAEL STREET ADDRESS 915 SE 5TH ST CITY-ST-ZIP OCALA FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE MGR NAME HEARNS, DARREN STREET ADDRESS 1868 SE 85TH STREET RD CITY-ST-ZIP OCALA FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			MGR 3/13/06 352-259-3916		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		