

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000101344

1. Entity Name
DAVIS PROPERTIES OF SUMTER COUNTY, LLC



Principal Place of Business
**3041 SANDY LN
THE VILLAGES, FL 32162**

Mailing Address
**3041 SANDY LN
THE VILLAGES, FL 32162**

DO NOT WRITE IN THIS SPACE



01202007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3720061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE MILLHORN LAW FIRM
13710 US HWY 441
SUITE100
LADY LAKE, FL 32159**

**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	MGR
NAME	DAVIS, TODD L
STREET ADDRESS	5796 SW 89TH STREET
CITY-ST-ZIP	OCALA, FL 34476
TITLE	MGR
NAME	ROEDL, LAWRENCE A
STREET ADDRESS	3041 SANDY LANE
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	MGR
NAME	SOUTHARD, SAMUEL
STREET ADDRESS	1316 BOWMAN ST
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	MGR
NAME	MILLHORN, MICHEAL
STREET ADDRESS	915 SE 5TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	MGR
NAME	HEARNS, DARREN
STREET ADDRESS	1868 SE 85TH STREET ROAD
CITY-ST-ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000635441
02/23/07-80014-017 50.00

**DO NOT WRITE
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

Treas

Date

Daytime Phone #

2/14/07

352-259-3916