

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101344

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** DAVIS PROPERTIES OF SUMTER COUNTY, LLC

**Current Principal Place of Business:**

3041 SANDY LN  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

3041 SANDY LN  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 20-3720061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** DAVIS, TODD L  
**Address:** 5796 SW 89TH STREET  
**City-St-Zip:** OCALA, FL 34476

**Title:** MGR  
**Name:** ROEDL, LAWRENCE A  
**Address:** 3041 SANDY LANE  
**City-St-Zip:** THE VILLAGES, FL 32162

**Title:** MGR  
**Name:** SOUTHARD, SAMUEL  
**Address:** 1316 BOWMAN ST  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** MGR  
**Name:** MILLHORN, MICHAEL  
**Address:** 13710 US HIGHWAY 441 STE 100  
**City-St-Zip:** LADY LAKE, FL 32159

**Title:** MGR  
**Name:** HEARNS, DARREN  
**Address:** 1868 SE 85TH STREET ROAD  
**City-St-Zip:** OCALA, FL 34480

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** LAWRENCE A. ROEDL

TREA

02/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date