

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90333 047 \*\*\*\*50.00

**DOCUMENT # L06000024758**

1. Entity Name  
**SAVANNAH DEVELOPERS, LLC**



Principal Place of Business  
**4904 EISENHOWER BLVD.  
SUITE 150  
TAMPA, FL 33634**

Mailing Address  
**4904 EISENHOWER BLVD.  
SUITE 150  
TAMPA, FL 33634**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5232637**

Applied For  
Not Applicable

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**

**SCHIFINO, JOHN A ESQ  
ONE TAMPA CITY CENTER, STE 3200  
TAMPA, FL 33602**

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 re-registering)

DATE

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

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☐ Delete  
NAME **DAVISON HOMES, LLC**  
STREET ADDRESS **9950 PRINCESS PALM AVENUE, STE. 338**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **DAVISON HOMES, LLC**  
STREET ADDRESS **4904 EISENHOWER BLVD, SUITE 150**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

**Eric D. Isenbergh, Managing Member,  
Davison Homes LLC, It's Manager**

**March 9, 2007**

**(813) 386-3800**

Date

Daytime Phone #