2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L01000014614 1. Entity Name HEARTWOOD 20, LLC					05-02-2005 90365 033 ****50.00				
Principal Place of Business Mailing Address						+2012	91 <i>x</i>		
1750 EAST SUNRISE BLVD		1750 EAST SUNRISE BLVD.					~ # U		
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2 Principal P	tace of Business	3. Mailing Address							
2. Principal Place of Business 2100 West Cypress Creek Rd		2100 West Cypress Creek F		ek Ro	. [1][[][][]		8111 83 186 HBN 81818	B(L) ((1); 0)5(
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152005	Chg-LLC	CR2E083	3 (10/03)	
City & State		City & State			4. FEI Numb	per		Ap	plied For
	uderdale, FL	Fort Lauderdal			30-014	17729			t Applicable
Zip 33309	Country	Zip C 33309	Country		5. Certificate	of Status Desired		5.00 Addi e Required	
בטכנכ	6. Name and Address of Current F				7. Name and	d Address of New	Registered Ag	ent	
DAUCHEE	NTV CT IOUN		Name						
DAUGHERTY, ST. JOHN 1750 E SUNRISE BLVD.			Street A	ddress (F	P.O. Box Numb	er is Not Acceptables Creek	de) Road	•	
FORT LAL	JDERDALE, FL 33304-		211	JO WE	st Cypi	ess Creek	Road		
			0:					31-0-1-	
			City	rt La	uderdal	.e	FL	Zip Code 3330	<u> </u>
	named entity submits this statement for items of registere agent.	the purpose of changing its regi	istered office o	r register	ed agent, or be	oth, in the State of F	Torida. I am far	niliar with, a -	and accept
_	M I h L	St. Joh	n Daugh	ertv		4/10	108		
SIGNATURE.	Signature, typed or printed name of registered at ant a		Istered Agent signat		when reinstating)	400	DATE		
Fi	Jing Foo is \$50.00					Ma	ke check pay	able to	
Fi D	lling Fee is \$50.00 ue by May 1, 2005						ke check pay sa Departmer		•
Fi D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	IS/MANAGERS	10.			Florid			•
9.	ue by May 1, 2005 MANAGING MEMBER MGR	RS/MANAGERS	TITLE			Florid	da Departmer		Addition
9. TITLE NAME	MANAGING MEMBER MGR LEVAN, ALAN		TITLE NAME	2100) West (ADDITIONS	da Departmer	Change	
9.	MANAGING MEMBER MGR LEVAN, ALAN 1760 EAST SUNRISE BLVD	☐ Delete	TITLE	1		ADDITIONS Cypress Cr	da Departmer	Change	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR LEVAN, ALAN	☐ Delete	TITLE NAME STREET ADDRESS	1		ADDITIONS	da Departmen S/CHANGES () eek Road 33309	Change	
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11. I hereby certify that the information supplied with this filling toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accorate and that my signature email 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 emplowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James White, Manager Signature and types of printed name of signing managing member, manager, or authorized representative

4/25/05

954-760-5000 Daytime Phone #