
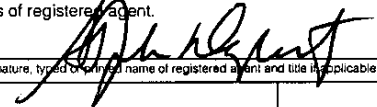
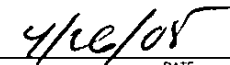
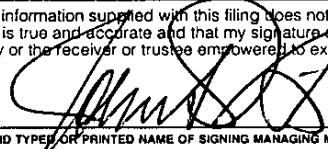


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90365 033 ****50.00

DOCUMENT # L01000014614			
1. Entity Name HEARTWOOD 20, LLC			
Principal Place of Business 1760 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304		Mailing Address 1750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 2100 West Cypress Creek Rd.		3. Mailing Address 2100 West Cypress Creek Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33309	Country	Zip 33309	Country
6. Name and Address of Current Registered Agent DAUGHERTY, ST. JOHN 1750 E SUNRISE BLVD. FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road City Fort Lauderdale FL Zip Code 33309	
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 		St. John Daugherty 	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVAN, ALAN 1760 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JAMES 1750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 West Cypress Creek Road Fort Lauderdale, FL 33309
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
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 exemption stated in Section 119.07(3)(i), 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: 		James White, Manager	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #
		4/25/05	954-760-5000

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