


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000043373**

1. Entity Name  
**HERITAGE DEVELOPMENT GROUP, LLC**



Principal Place of Business <b>2605 SW 33RD STREET          BUILDING 200          OCALA, FL 34474</b>	Mailing Address <b>P. O. BOX 2495          OCALA, FL 34478</b>
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01032008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-2043412</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KENNETH B  
 2605 SW 33RD ST  
 BUILDING 200  
 OCALA, FL 34474**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH B 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, JAMES E 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTE, NORBERT J JR 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSS, RANDAL M 2605 SW 33RD STREET BLDG 200 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000820754  
 02/18/08-80041-016 138.75

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:**  **Kenneth Kirkpatrick** 2/4/08 352/482-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #