

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059490

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** HEIGHTS TITLE ASSOCIATES, LLC

**Current Principal Place of Business:**

1314 CAPE CORAL PARKWAY  
SUITE 320  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1229 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1314 CAPE CORAL PARKWAY  
SUITE 320  
CAPE CORAL, FL 33904

**New Mailing Address:**

1229 CAPE CORAL PARKWAY  
CAPE CORAL, FL 33904

**FEI Number:** 20-1484547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENTI, KEVIN A ESQ.  
ORION BANK CENTRE  
2180 IMMOKALEE ROAD STE. 316  
NAPLES, FL 34110 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:** HAGENBUCKLE, WALTER S  
**Address:** 1314 CAPE CORAL PARKWAY EAST, #320  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** WALTER S. HAGENBUCKLE

MGR

01/11/2011

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