


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED

06 JUN 12 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000042849</b>			
1. Entity Name <b>HEATHER MERCHANT, L.L.C.</b>			
Principal Place of Business <b>575 NORTH CENTRAL AVENUE OVIEDO, FL 32765</b>		Mailing Address <b>575 NORTH CENTRAL AVENUE OVIEDO, FL 32765 P.O. Box U20392 OVIEDO FL 32762</b>	
2. Principal Place of Business		3. Mailing Address <b>PO BOX U20392</b>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State <b>Oviedo FL 32762</b>		4. FEI Number <b>20-3084848</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For (Not Applicable)	
6. Name and Address of Current Registered Agent <b>MAHAFFEY, JOHN D JR, ESQ 3113 LAWTON ROAD, SUITE 255 ORLANDO, FL 32803-</b>		7. Name and Address of New Registered Agent	
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.		Name	
SIGNATURE _____ <small>Signature, last or initial name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>		Street Address (P.O. Box Number is Not Acceptable)	
Filing Fee is \$50.00 Due by May 1, 2006		City _____ FL Zip Code _____	
Make check payable to Florida Department of State		9. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
10. MANAGING MEMBERS/MANAGERS			
TITLE _____		10. ADDITIONS/CHANGES	
NAME <b>MG M Heather Dawn Merchant</b>		TITLE _____	
STREET ADDRESS <b>PO Box U20392</b>		NAME _____	
CITY-ST-ZIP <b>Oviedo FL 32762</b>		STREET ADDRESS _____	
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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: <b>Heather Merchant</b>		Date: <b>3-20-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	