


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/ **FILED**
Jul 03, 2008 8:00 am
Secretary of State

06-02-2008 90258 032 ***138.75

DOCUMENT # L07000054516					
1. Entity Name HERITAGE PLANTATION REALTY, LLC					
Principal Place of Business 4460 LEGENDARY DRIVE SUITE 100 DESTIN, FL 32541		Mailing Address 4460 LEGENDARY DRIVE SUITE 100 DESTIN, FL 32541			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05272008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 26-2883090			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required <input type="checkbox"/>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANCHORS, MICHELLE 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTHEASTERN CONSULTING & DEVELOPMENT CO 4460 LEGENDARY DRIVE, SUITE 100 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Stephen Crigg</i>		Date: <i>5/27/08</i>		Daytime Phone #: <i>850-337-3248</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					