## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000020416  1. Entity Name HEARTWOOD 7, LLC			A MARIE			05-02-2005 90365 026 ****50.00			
Principal Place of Business  1750 EAST SUNRISE BLVD.  FORT LAUDERDALE, FL 33304		Mailing Address -1750 EAST SUNRISE BLVDFORT LAUDERDALE, FL 33304-			120				
	lace of Business	3. Mailing Address							
	t Cypress Creek Rd.	2100 West Cypr	ess C	reek F	Rd.	ORIEI KEN BONN BEN			
Suite, Apt.	#, BtC.	Suite, Apt. #, etc.			04152005	Chg-LLC	CR2E083 (10	0/03)	
City & State Fort Lauderdale, FL		City & State   Fort Lauderdale, FL		4. FEI Numbe 30-014			Applied For Not Applicable		
Zip	Country	Zip	Country			of Status Desired		0 Additional	
333	6. Name and Address of Current I	33309 Registered Agent				Address of New R		equired	
			N	Vame				•	
DAUGHER		s	Street Address (P.O. Box Number is Not Acceptable)						
	IDERDALE; FL-33304			est Cypres	Creek Ro	ad			
			_				T =:		
			F	ort La	auderdale,		_	P\$369	
the obligat	named entity submits this statement for ions of registered agent.	1.1	egistered o	office or regi augher	gistered agent, or bot	h, in the State of Flo	orida. I am familia	r with, and accept	
SIGNATURE .	Signature, typed or programme of registered agent a					1/2/ 6	DATE		
	algridiate, typed in printing that the or registered agent of	no tite ii applicable. (NOTE: I	Hegistered Age	leur zithustrale Lec	equired when reinstating)	, ,	DATE		
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Fi Dı	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI		10.	ani signature rec	quired when reinstating)		e check payabl a Department of	State	
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11. I hereby certify that the information supplied with this tiling 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 a covate 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 of the eceivodor trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: James White, Manager
SIGNATURE AND THE OR PRINTED MAME OF SIGNING MANAGING MEMBER, WANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/05 Date

954-760-5000 Daytime Phone #