

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90365 026 \*\*\*\*50.00

<b>DOCUMENT # L01000020416</b> 1. Entity Name <b>HEARTWOOD 7, LLC</b>					
Principal Place of Business <del>4750 EAST SUNRISE BLVD.</del> <del>FORT LAUDERDALE, FL 33304</del>			Mailing Address <del>4750 EAST SUNRISE BLVD.</del> <del>FORT LAUDERDALE, FL 33304</del>		
2. Principal Place of Business <b>2100 West Cypress Creek Rd.</b>		3. Mailing Address <b>2100 West Cypress Creek Rd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>		4. FEI Number <b>30-0147762</b>	
Zip <b>33309</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAUGHERTY, ST. JOHN</b> <del>4750 EAST SUNRISE BLVD.</del> <del>FORT LAUDERDALE, FL 33304</del>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2100 West Cypress Creek Road</b>  City <b>Fort Lauderdale, FL</b>			
Zip Code <b>33309</b>		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 		<b>St. John Daugherty</b>		<b>4/25/05</b>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVAN, ALAN <del>4750 EAST SUNRISE BLVD</del> <del>FORT LAUDERDALE, FL 33304</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2100 West Cypress Creek Road</b> <b>Fort Lauderdale, FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JAMES <del>4750 EAST SUNRISE BLVD</del> <del>FORT LAUDERDALE, FL 33304</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2100 West Cypress Creek Road</b> <b>Fort Lauderdale, FL 33309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 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.					
<b>SIGNATURE:</b> 			<b>James White, Manager</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			<b>4/25/05</b>		<b>954-760-5000</b>
Date			Daytime Phone #		