


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L00000004924**

1. Entity Name  
**HEATHER SHOPS MANAGEMENT CO., LLC**



|   |   |
|---|---|
| Principal Place of Business<br><b>121 GRIFFINVIEW DR<br/>         LADY LAKE, FL 32159</b> | Mailing Address<br><b>121 GRIFFIN VIEW DR.<br/>         LADY LAKE, FL 32159</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-LLC      CR2E083 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>59-3647279</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

**MORRISON, FRED A  
 1000 WEST MAIN STREET  
 LEESBURG, FL 32748**

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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 renouncing)      DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>WHITT, JOHN F<br/>121 GRIFFIN VIEW DR.<br/>LADY LAKE, FL 32159</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 01/17/07-80042-016 50.00

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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:** \_\_\_\_\_      **1-11-07**      **352-259-3636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #