


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000004967</b> 1. Entity Name <b>HEISER #3 LLC</b>	
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Principal Place of Business <b>10 LIVE OAK LANE PALM COAST, FL 32137</b>	Mailing Address <b>10 LIVE OAK LANE PALM COAST, FL 32137</b>
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**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3640484</b>	Applied For 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  
  
**MURTAGH, JOE  
14 WAVECREST PLACE  
PALM COAST, FL 32164**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

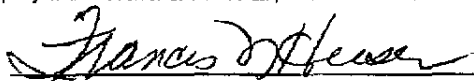
**Filing Fee is \$50.00  
Due by May 1, 2006**

10000049671  
04/24/06-80015-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEISER, GARY G 10 LIVE OAK LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEISER, FRANCES N 10 LIVE OAK LANE PALM COAST, FL 32137
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IN THIS SPACE**

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 605, Florida Statutes.

**SIGNATURE:**  **4/4/06 386 445-2254**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #