

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010289

FILED
Jan 14, 2004
Secretary of State

Entity Name: HERITAGE VENTURE - LAKELAND, L.C.

Current Principal Place of Business:

225 E. LEMON ST.
SUITE 210
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 883
LAKELAND, FL 338020883

New Mailing Address:

2000 E. EDGEWOOD DRIVE
SUITE 214
LAKELAND, FL 33803

FEI Number: 59-3668392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITMAN, HOWE D
1400 GRASSLANDS BLVD., UNIT 37
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

WHITMAN, HOWE D
3067 GRASSLANDS DRIVE
LAKELAND, FL 33803 US

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.

SIGNATURE: HOWE D. WHITMAN

01/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WHITMAN, HOWE D
Address: 1400 GRASSLANDS BLVD. UNIT 37
City-St-Zip: LAKELAND, FL 33803

Title: MGR () Delete
Name: RODDA, JOHN
Address: 2128 E. EDGEWOOD DR. #109
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITMAN, HOWE D
Address: 3067 GRASSLANDS DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HOWE D. WHITMAN

MGR

01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date