


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90189 038 \*\*\*\*50.00

<b>DOCUMENT # L00000015797</b>	
1. Entity Name HEATH FLORIDA PROPERTIES, LLC	

Principal Place of Business 2300 NORTH HIGHWAY 121 EULESS, TX 76039	Mailing Address 2300 NORTH HIGHWAY 121 EULESS, TX 76039
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**44032463**



04142004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, DONALD			NAME			
STREET ADDRESS	26128 FAWNWOOD COURT			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICKS, DIANE M			NAME			
STREET ADDRESS	ONE ABC PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	BELOIT, WI 53511			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRICKS, KENNETH A			NAME			
STREET ADDRESS	200 RANDOLPH AVE SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	HUNTSVILLE, AL 35801			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'DONNELL, TIM			NAME			
STREET ADDRESS	5913 SANDHILLS CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	PLANO, TX 75093			CITY-ST-ZIP			
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PANTHER, DIANA			NAME			
STREET ADDRESS	1502 SPRUCE COURT			STREET ADDRESS			
CITY-ST-ZIP	SOUTHLAKE, TX 76092			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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>  Diana Panther	4/14/04	(817) 685-9075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #