2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000013538

1. Entity Name

HEARTWOOD 91-4, LLC



Principal Place of Business

SIGNATURE:

2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309

Mailing Address

2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309

FILED May 01, 2006 8:00 am Secretary of State

05-01-2006 90048 011 ****50.00



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
30-0147802	[Not Applicable
5. Certificate of Status Desired	\$5.0	0 /	Additional

Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES A 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309

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4/26/06

Date:

954-940-5000

Daytime Phone #

	named entity submits this statement for the purpose of changing of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE	
	ling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDO, JOHN E 2100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with his filing does not on this report is true and accurate and that my signature shoultry company of the receiver trusted empowered to exercise.	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of core this report as required by Chapter 608, Florida Statutes.	tion the

John E. Abdo, Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE