2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000016889

1. Entity Name
HERITAGE PARK EAST, LLC

Principal Place of Business	Mailing Address
14555 SIMS ROAD DELRAY BEACH, FL 33484 US	5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484 US

DO NOT WRITE IN THIS SPACE

04052005 No Chg-LLC.   CR2E083 (10/03)

4. FEI Number	Applied For
65-1143671	Not Applicable

5. Certificate of Status Desired	X	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEMEL, ROBERT G
5861 HERITAGE PARK WAY
DELRAY BEACH, FL 33484

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	HERITAGE PARK RETIREMENT COMMUNITIES, LLC	
STREET ADDRESS	5861 HERITAGE PARK WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	MGR	U00000300468
NAME	SCHEMEL, ROBERT G	04/12/05-80021-014 55.00
STREET ADDRESS	5861 HERITAGE PARK WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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

SIGNATURE: _____   4-6-05   561-496-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #