

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000018018

FILED
Mar 27, 2006
Secretary of State**Entity Name:** HEARTSTONE DEVELOPERS, L.L.C.**Current Principal Place of Business:**357 EL GRECO DR.
OSPREY, FL 34229**New Principal Place of Business:****Current Mailing Address:**C/O LOUIS CASTELLANOS
2401 MORRIS AVE, 2ND FLOOR EAST
UNION, NJ 07083**New Mailing Address:****FEI Number:** 40-0002781**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRACY, DENNIS J ESQ.
229 PENSACOLA RD.
VENICE, FL 34285 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: CACCAVELLA, DOMINICK
Address: 14 ORCHIC COURT
City-St-Zip: EDISON, NJ 08812**Title:** MGR () Delete
Name: CASTELLANOS, LOUIS
Address: 320 WARRENVILLE ROAD
City-St-Zip: GREEN BROOK, NJ 08812**Title:** MGR () Delete
Name: LOCHIATTO, VITO
Address: 9 ORCHID COURT
City-St-Zip: EDISON, NJ 08820**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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 Chapter 119, 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: LOUIS CASTELLANOS

V.P.

03/27/2006

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