

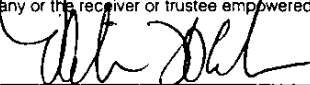


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90059 018 ****50.00

DOCUMENT # L01000020419					
1. Entity Name HEARTWOOD 2, LLC					
Principal Place of Business 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309			Mailing Address 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04092007 Chg-LLC CR2E083 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 30-0147726	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, JAMES A 2100 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309			Name Nguyen, Doquyen T. Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road City Fort Lauderdale, FL Zip Code 33309		
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		 DoQuyen T. Nguyen		4/26/2007 DATE	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR		TITLE		
NAME	LEVAN, ALAN B		NAME		
STREET ADDRESS	2100 W CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	MGR		TITLE	MGR	
NAME	WHITE, JAMES A		NAME	Toalson, Valerie C.	
STREET ADDRESS	2100 W CYPRESS CREEK RD		STREET ADDRESS	2100 West Cypress Creek Road	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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TITLE			TITLE		
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 exemptions contained in Chapter 119, 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:		 Valerie C. Toalson, Manager		4/27/07 954-940-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	