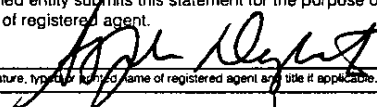
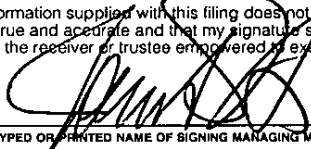


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90365 032 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                                   |                                                                                               |                                                                                                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L01000020420</b><br>1. Entity Name<br><b>HEARTWOOD 19, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                   |                                                                                               |                                                                                                                                  |  |
| Principal Place of Business<br><del>1750 EAST SUNRISE BLVD.</del><br><del>FORT LAUDERDALE, FL 33304</del>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                                                                   | Mailing Address<br><del>1750 EAST SUNRISE BLVD.</del><br><del>FORT LAUDERDALE, FL 33304</del> |                                                                                                                                                                                                                   |  |
| 2. Principal Place of Business<br><b>2100 West Cypress Creek Rd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | 3. Mailing Address<br><b>2100 West Cypress Creek Rd.</b>          |                                                                                               |                                                                                                                                                                                                                   |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   | Suite, Apt. #, etc.<br>                                           |                                                                                               | 04152005    Chg-LLC    CR2E083 (10/03)                                                                                                                                                                            |  |
| City & State<br><b>Fort Lauderdale, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | City & State<br><b>Fort Lauderdale, FL</b>                        |                                                                                               | 4. FEI Number<br><b>30-0147723</b>                                                                                                                                                                                |  |
| Zip<br><b>33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | Country<br>                                                       |                                                                                               | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DAUGHERTY, ST. JOHN</b><br><del>1750 E SUNRISE BLVD.</del><br><del>FORT LAUDERDALE, FL 33304</del>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                   |                                                                                               | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2100 West Cypress Creek Road</b><br><br>City <b>Fort Lauderdale, FL</b> Zip Code <b>33309</b> |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | <b>St. John Daugherty</b>                                         |                                                                                               | <b>4/24/05</b>                                                                                                                                                                                                    |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   | Make check payable to<br>Florida Department of State              |                                                                                               |                                                                                                                                                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                   | 10. ADDITIONS/CHANGES                                                                         |                                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>LEVAN, ALAN<br><del>1750 EAST SUNRISE BLVD.</del><br><del>FORT LAUDERDALE, FL 33304</del>  | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2100 West Cypress Creek Road</b><br><b>Fort Lauderdale, FL 33309</b>                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>WHITE, JAMES<br><del>1750 EAST SUNRISE BLVD.</del><br><del>FORT LAUDERDALE, FL 33304</del> | <input type="checkbox"/> Delete                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2100 West Cypress Creek Road</b><br><b>Fort Lauderdale, FL 33309</b>                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                               |                                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                               |                                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                               |                                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                               |                                                                                                                                                                                                                   |  |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | <b>James White, Manager</b>                                       |                                                                                               | <b>4/25/05</b>                                                                                                                                                                                                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | Date                                                              |                                                                                               | Daytime Phone #                                                                                                                                                                                                   |  |