

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90048 044 ****50.00

DOCUMENT # L01000020424

1. Entity Name
HEARTWOOD 14, LLC



Principal Place of Business
2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 US

Mailing Address
2100 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 US

20039931



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
30-0147643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEVAN, ALAN
STREET ADDRESS 2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE MGR ☒ Change ☐ Addition
NAME Levan, Alan B.
STREET ADDRESS 2100 West Cypress Creek Road
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE MGR ☐ Delete
NAME WHITE, JAMES
STREET ADDRESS 2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE MGR ☒ Change ☐ Addition
NAME White, James A.
STREET ADDRESS 2100 West Cypress Creek Road
CITY-ST-ZIP Fort Lauderdale, FL 33309

TITLE MGR ☐ Delete
NAME ABDO, JOHN E
STREET ADDRESS 2100 WEST CYPRESS CREEK RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: James A. White, Manager 4/26/06 954-940-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #