

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90059 024 ****50.00

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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		
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		4. FEI Number 30-0147643	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITE, JAMES A 2100 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent 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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <input checked="" type="checkbox"/> Delete		TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WHITE, JAMES A		NAME	Toalson, Valerie C.	
STREET ADDRESS	2100 WEST 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	MGR <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABDO, JOHN E		NAME		
STREET ADDRESS	2100 WEST CYPRESS CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Date Daytime Phone #	