

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90048 042 \*\*\*\*50.00

**DOCUMENT # L01000020431**

1. Entity Name  
**HEARTWOOD 11, 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**

20039933



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**30-0147436**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ 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

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 #