

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90185 047 ****50.00

DOCUMENT # L02000007975					
1. Entity Name HERITAGE PARTNERS LLC					
Principal Place of Business P.O. BOX 666 NEW PORT RICHEY, FL 34656-0666			Mailing Address P.O. BOX 666 NEW PORT RICHEY, FL 34656-0666		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0075784	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRUMAN, DENA PHD. 818 WEST LINE BAUGH TAMPA, FL 33612			7. Name and Address of New Registered Agent Name <u>Joy Odom</u> Street Address (P.O. Box Number is Not Acceptable) <u>13205 Dorset Circle</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33612</u>		
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: <u>Joy Odom</u> <u>Joy Odom</u>			DATE: <u>3/30/07</u>		
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUMAN, PHD, DENA 818 WEST LINE BAUGH TAMPA, FL 33612	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Odom, Joy 13205 Dorset Circle, Tampa FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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 606, Florida Statutes.					
SIGNATURE: <u>Joy Odom</u> <u>Joy Odom</u>			DATE: <u>3/30/07</u>		