


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90062 022 ****55.00

DOCUMENT # L02000013270 1. Entity Name HERITAGE PARK OF ST. AUGUSTINE, LLC	
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Principal Place of Business 3700 34TH ST. STE 300 ORLANDO, FL 32805	Mailing Address 3700 34TH STREET 300 ORLANDO, FL 32805
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20004238



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4203693	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GUASTELLA, GARY J 3700 34TH STREET STE ORLANDO, FL 32805
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFFERON, MICHAEL 2825 LEWIS SPEEDWAY ROAD ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARB, TOM A 3700 34TH STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARB, AMINE T 3700 34TH STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KELLY C 2825 LEWIS SPEEOWAY RD SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Gary J Guastella, Gary J Guastella 1-20-05 407-422-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #