

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013270

1. Entity Name
HERITAGE PARK OF ST. AUGUSTINE, LLC



Principal Place of Business

**3700 34TH ST.
STE 300
ORLANDO, FL 32805**

Mailing Address

**3700 34TH STREET
300
ORLANDO, FL 32805**



01122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4203693

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUASTELLA, GARY J
3700 34TH STREET
STE
ORLANDO, FL 32805**

**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

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**

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 SPEEDWAY RD
SAINT AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000389883
01/23/06-80003-006 55.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-13-06 407-422-4270