2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013270

1. Entity Name

HERITAGE PARK OF ST. AUGUSTINE, LLC



Principal Place of Business

Mailing Address

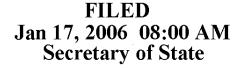
3700 34TH ST. STE 300

ORLANDO, FL 32805

3700 34TH STREET

300

ORLANDO, FL 32805





DO NOT WRITE IN THIS SPACE

01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4203693 Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

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.

6. Name and Address of Current Registered Agent

(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 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32805 MGRM HARB, AMINE T
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM SMITH, KELLY C 2825 LEWIS SPEEOWAY RD SAINT AUGUSTINE, FL 32084
NAME STREET ADDRESS CITY-ST-ZIP	

000000389883 01/23/06-80003-006 55,00

DO NOT WRITE

11. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

TITLE
NAME
STREET AOORESS
CITY-ST-ZIP

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

1-13-06

101-49948

Date

Daytime Phone #