


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016152 1. Entity Name HERITAGE PROPERTIES, LLC	
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Principal Place of Business 154 ZERMATT DRIVE WINTER HAVEN, FL 33881 US	Mailing Address 154 ZERMATT DRIVE WINTER HAVEN, FL 33881 US
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DO NOT WRITE IN THIS SPACE



04132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3698866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHRODER, RANDLE T 154 ZERMATT DR. WINTER HAVEN, FL 33881
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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, 2005**

000000308199
04/15/05-80082-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRODER, RANDLE T 154 ZERMATT DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUTZ, KENNETH C 11310 S. ORANGE BLOSSOM TR, #109 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Randle T. Schroder Randle T. Schroder 4-13-05 863.293.0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #