2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016152 HERITAGE PROPERTIES, LLC



FILED Mar 01, 2006 08:00 AM Secretary of State

Principal Place of Business

154 ZERMATT DRIVE WINTER HAVEN, FL 33881 US

Malling Address

154 ZERMATT DRIVE WINTER HAVEN, FL 33881



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02272006No Chg-LLC	CR2E083 (11/05)

4. FEI Number	-	А	polled For
04-3698866		[[10]	ol Applicable
5. Certificate of Status Desired		\$5,00 Ad Fee Requin	

6. Name and Address of Current Registered Agent

SCHRODER, RANDLE T 154 ZERMATT DR.

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

VIIIVIEN	TAVEN, FL 33001	IN T	IN THIS SPACE		
6. The above the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.) Aging its registered office or registered agent, or bo	nth, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, lyped or presed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when releateding)	CATE		
F	iling Fee is \$50.00 ue by May 1, 2006				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM SCHRODER, RANDLE T 154 ZERMATT OR WINTER HAVEN, FL 33881				
TITLE NAME STREET ADDRESS CXIY-ST-ZIP	MGRM LUTZ, KENNETH C 11310 S. ORANGE BLOSSOM TR, #109 ORLANDO, FL 32837		U08000451127 83/10/06-80039-004 50.00		
TITLE KAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CATY-ST-EP	10 ° 1	IN '	THIS SPACE		
TITLE NAME STREET ADDRESS COTY-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 cath, 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: Rade T. Schoole	2-27-06	863-293-0097
BIONATURE AND TYPED OR FIRNTED HAME OF BIONNIS MANAGING MEMBER, OR AUTHORIZED REFRESENTATIVE	Ocie	Daytime Phone #