2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006
Secretary of State

DOCUMENT# L02000017520

Entity Name: OUR HEIRS, LLC

Current Principal Place of Business:

6529 NW 97 DR.
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

6529 NW 97 DR.
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 27-0039668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DRUS HELLA, TIMOTHY
6529 NW 97 DR
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DRUSHELLA, TIMOTHY	
Address:	6529 NW 97 DR.	
City-St-Zip:	PARKLAND, FL 33076	
Title:	MGRM	( ) Delete
Name:	DRUSHELLA, VALERIE	
Address:	6529 NW 97 DR.	
City-St-Zip:	PARKLAND, FL 33076	
Title:	MGRM	( ) Delete
Name:	EDWARDS, RICHARD H	
Address:	763 HOLDEN AVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	MGRM	( ) Delete
Name:	EDWARDS, PATRICIA L	
Address:	763 HOLDEN AVE	
City-St-Zip:	SEBASTIAN, FL 32958	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY DRUSHELLA MGRM 05/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date