


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 005 ****50.00

DOCUMENT # L02000023325		
1. Entity Name HISTORIC HEART PINE, LLC		
Principal Place of Business 102 STEWART STREET ATLANTIC BEACH, FL 32233		Mailing Address 102 STEWART STREET ATLANTIC BEACH, FL 32233
14 DUTTON ISLAND RO E ATLANTIC BEACH, FL 32233		14 DUTTON ISLAND RO E ATLANTIC BEACH, FL 32233
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRAZIER, CLARENCE F 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
-9. MANAGING MEMBERS/MANAGERS-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOEY, JERRY 1936 BEACH AVENUE ATLANTIC BEACH, FL 32233	DO NOT WRITE IN THIS SPACE
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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)(i), 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: <u>Jerry Hoey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/8/05</u> Daytime Phone # <u>904-249-0285</u>