2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025665

Entity Name: HECKSGROUP, LLC

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8065 STIRLING FALLS CIRCLE 6005 GULF DRIVE SARASOTA, FL 34243

UNIT 216

HOLMES BEACH, FL 34217

Current Mailing Address: New Mailing Address:

8065 STIRLING FALLS CIRCLE 108 MAGNOLIA GROVE SARASOTA, FL 34243 ALPHARETTA, GA 30022

FEI Number: 56-2304742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HECKLINSKI, MICHAEL HECKLINSKI, MICHAEL J 6005 GULF DRIVE NORTH 8065 STIRLING FALLS CIRCLE SARASOTA, FL 34243 **UNIT 216**

HOLMES BEACH, FL 34217 US

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: MICHAEL J. HECKLINSKI 03/02/2004 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

MGRM () Delete (X) Change () Addition

HECKLINSKI, MICHAEL HECKLINSKI, MICHAEL J Name: Name: 8065 STIRLING FALLS CIRCLE Address: 108 MAGNOLIA GROVE Address:

City-St-Zip: SARASOTA, FL 34243 City-St-Zip: ALPHARETTA, GA 30022 US (X) Change () Addition Title: MGRM () Delete Title: MGRM

HECKLINSKI, RANDALL Name: HECKLINSKI, RANDALL J Name: Address: 8065 STIRLING FALLS CIRCLE Address: 4900 SPRING PARK CIRCLE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SUWANEE, GA 30024 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

HECKLINSKI, NANCY HECKLINSKI, NANCY L Name: Name: 8065 STIRLING FALLS CIRCLE Address: Address: 108 MAGNOLIA GROVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: ALPHARETTA, GA 30022 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

HECKLINSKI, AMY M Name: HECKLINSKI, AMY Name: 4900 SPRING PARK CIRCLE Address: 8065 STIRLING FALLS CIRCLE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SUWANEE, GA 34243 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. HECKLINSKI **MGRM** 03/02/2004