
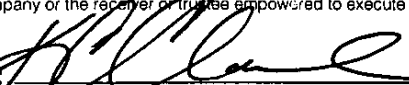


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90051 039 ****50.00

| | | | | | |
|---|---|---------------------------------|---|---|--|
| DOCUMENT # L02000034393 1. Entity Name HERITAGE FUND DISTRIBUTORS, LLC | | | |  | |
| Principal Place of Business 880 CARILLON PKWY. ST. PETERSBURG, FL 33716 | | | Mailing Address 880 CARILLON PKWY. ST. PETERSBURG, FL 33716 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 22-3885644 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MATECKI, PAUL L 880 CARILLON PKWY. ST. PETERSBURG, FL 33716 | | | | 7. Name and Address of New Registered Agent. Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRADY, ROBERT N 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD CLARK, K.C. 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRD ATKINSON, JAMIE 880 CARILLON PARKWAY SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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:  | | | | 8/26/2005 1278673548 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |