2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-28-2004 90064 023 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000000708

1. Entity Name

HEAVEN'S BEST OF ST LUCIE LLC

Principal Place of Business	Mailing Address
~~1512 N LAWNWOOD CIR~~ 4055 Greenwood Dr. FT PIERCE FL ~~34950~~ 34982	~~1512 N LAWNWOOD CIR~~ 4055 Greenwood Dr ~~FT PIERCE FL 34950~~ Ft. Pierce, FL 34982

2. Principal Place of Business		3. Mailing Address	
4055 Greenwood Dr.		4055 Greenwood Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft. Pierce		City & State: Florida	
Zip: 34982	Country: US	Zip: 34982	Country: US

4. FEI Number: 57-1144090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUSTICE, LARRY C	Name
~~1512 N LAWNWOOD CIR~~ 4055 Greenwood Dr.	Street Address (P.O. Box Number is Not Acceptable)
FT PIERCE FL ~~34950~~ 34982	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Charles G. Gee 4055 Greenwood Dr. Ft. Pierce, FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Larry C. Justice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #