

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003775

1. Entity Name
 HEIGHTS PROPERTIES, L.L.C.



Principal Place of Business
 1231 CAPE CORAL PARKWAY, SUITE #8A
 CAPE CORAL, FL 33904

Mailing Address
 1231 CAPE CORAL PARKWAY, SUITE #8A
 CAPE CORAL, FL 33904



04192006 No Chg-LLC CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2094883	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

DENTI, KEVIN A ESQUIRE
 CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP
 821 FIFTH AVENUE SOUTH, SUITE #201
 NAPLES, FL 34102

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGENBUCKLE, WALTER S 1231 CAPE CORAL PARKWAY, SUITE #8A CAPE CORAL, FL 33904
--	--

000000534246
 05/08/06-80003-022 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registered agent duly empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

WALTER S. HAGENBUCKLE

4/21/06

239-592-4005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Company Phone #