


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90201 001 ****50.00
 05-05-2008 90201 002 ****88.75

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

2. Principal Place of Business - No P.O. Box #
 8695 College Pkwy
 Suite, Apt. #, etc.
 Ste 255

3. Mailing Address
 8695 College Pkwy
 Suite, Apt. #, etc.
 Suite 255

City & State
 Ft Myers FL


City & State
 Ft Myers FL

Zip
 33919

Country
 Lee

Zip
 33919

Country
 Lee



04182008 Chg-LLC CR2E083 (12/06)

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

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.

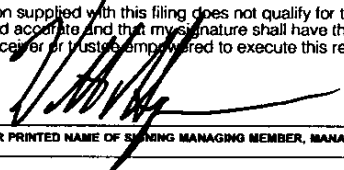
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAGENBUCKLE, WALTER S 1231 CAPE CORAL PARKWAY, SUITE #8A CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Walter S. Hagenbuckle <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1214 Cape Coral Pkwy, Suite 320 Cape Coral FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 4/16/08 Daytime Phone #

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