


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L03000010152 1. Entity Name HERITAGE RENTAL INVESTMENTS, LLC	
--	---

Principal Place of Business 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174	Mailing Address 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174
--	--

DO NOT WRITE IN THIS SPACE



02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0872132	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent KUHN, WILLIAM B 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174

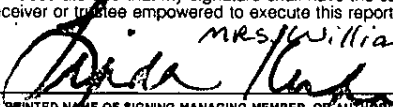
DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KUHN, WILLIAM B 2 TIDEWATER DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000699118 04/19/07-80029-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
--

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:  MRS. William Kuhn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 386 4.9.07 6736489 Date Daytime Phone #
