

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

7/1

**Jul 21, 2006 8:00 am  
Secretary of State**

07-05-2006 90105 022 \*\*\*\*55.00

**DOCUMENT # L03000016427**

1. Entity Name  
**F.L. HEFF, L.L.C.**



Principal Place of Business  
**1021 SWALLOW AVE  
UNIT 102  
MARCO ISLAND, FL 34145**

Mailing Address  
**1021 SWALLOW AVE  
UNIT 102  
MARCO ISLAND, FL 34145**

**30012142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**APPLIED FOR 562599380** Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **NO** \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBSTER, RONALD S  
985 N. COLLIER BLVD.  
MARCO ISLAND, FL 34145**

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

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

(NOTE: Registered Agent signature required when reselecting)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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
MGR	HOEFFNER, LYNN	1021 SWALLOW AVE. #102	MARCO ISLAND, FL 34145	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	HOEFFNER, FRANK	1021 SWALLOW AVE. #102	MARCO ISLAND, FL 34145	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**

*Frank Hoeffner*

**7-1-06 239-393-4912**

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

Date

Daytime Phone #

ATTACHMENT

30012142

# L03000016427

<b>Form SS-4</b>		<b>Application for Employer Identification Number</b>		OMB No. 1545-0003	
(Rev. February 2006)		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)		EIN	
Department of the Treasury Internal Revenue Service		▶ See separate instructions for each line. ▶ Keep a copy for your records.		56-2599380	
<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested F.L. HEFF, LLC.					
<b>2</b> Trade name of business (if different from name on line 1)					
<b>3</b> Executor, administrator, trustee, "care of" name					
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) 1021 Swallow Avenue, Unit 102					
<b>5a</b> Street address (if different) (Do not enter a P.O. box.)					
<b>4b</b> City, state, and ZIP code Marco Island, FL 34145					
<b>5b</b> City, state, and ZIP code					
<b>6</b> County and state where principal business is located Collier, Florida					
<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustor Lynn Hoeffner					
<b>7b</b> SSN, ITIN, or EIN					
<b>8a</b> Type of entity (check only one box)					
<input type="checkbox"/> Sole proprietor (SSN)					
<input type="checkbox"/> Partnership					
<input type="checkbox"/> Corporation (enter form number to be filed) ▶					
<input type="checkbox"/> Personal service corporation					
<input type="checkbox"/> Church or church-controlled organization					
<input type="checkbox"/> Other nonprofit organization (specify) ▶					
<input checked="" type="checkbox"/> Other (specify) ▶ multi member LLC					
<input type="checkbox"/> Estate (SSN of decedent)					
<input type="checkbox"/> Plan administrator (SSN)					
<input type="checkbox"/> Trust (SSN of grantor)					
<input type="checkbox"/> National Guard					
<input type="checkbox"/> State/local government					
<input type="checkbox"/> Farmers' cooperative					
<input type="checkbox"/> Federal government/military					
<input type="checkbox"/> REMIC					
<input type="checkbox"/> Indian tribal governments/enterprises					
Group Exemption Number (GEN) ▶					
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated					
State Florida					
Foreign country					
<b>9</b> Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶					
<input type="checkbox"/> Changed type of organization (specify new type) ▶					
<input type="checkbox"/> Purchased going business					
<input type="checkbox"/> Created a trust (specify type) ▶					
<input type="checkbox"/> Created a pension plan (specify type) ▶					
<input type="checkbox"/> Hired employees (Check the box and see line 12.)					
<input type="checkbox"/> Compliance with IRS withholding regulations					
<input type="checkbox"/> Other (specify) ▶					
<b>10</b> Date business started or acquired (month, day, year). See instructions. 5/7/2003					
<b>11</b> Closing month of accounting year December					
<b>12</b> First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)					
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none).					
Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)					
<b>14</b> Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker					
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
<input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)					
<b>15</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Note: If "Yes," please complete lines 16b and 16c.					
<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.					
Legal name ▶ Trade name ▶					
<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.					
Approximate date when filed (mo., day, year) City and state where filed Previous EIN					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
<b>Third Party Designee</b>					
Designee's name					
Designee's telephone number (include area code)					
Address and ZIP code					
Designee's fax number (include area code)					
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly) ▶					
Signature ▶ Date ▶ 7-18-06					
Applicant's telephone number (include area code)					
Applicant's fax number (include area code)					