

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

7/21

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WEBSTER, RONALD S 985 N. COLLIER BLVD. MARCO ISLAND, FL 34145				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.					
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resuming)</p> <p>Filing Fee is \$50.00 Due by September 6, 2006</p> <p>DATE _____</p> <p>Make check payable to Florida Department of State</p>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR HOEFFNER, LYNN 1021 SWALLOW AVE. #102 MARCO ISLAND, FL 34145		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR HOEFFNER, FRANK 1021 SWALLOW AVE. #102 MARCO ISLAND, FL 34145			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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: <i>Frank Hoeffner</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 7-1-06 239-393-4912	

ATTACHMENT 30012142

#L03000016427

Form **SS-4**

(Rev. February 2006)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

56-2599380

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested F.L. HEFF, LLC.				
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name			
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1021 Swallow Avenue, Unit 102	5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code Marco Island, FL 34145	5b City, state, and ZIP code			
	6 County and state where principal business is located Collier, Florida				
	7a Name of principal officer, general partner, grantor, owner, or trustor Lynn Hoeffer	7b SSN, ITIN, or EIN			
	8a Type of entity (check only one box)	<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ► multi member LLC Group Exemption Number (GEN) ► _____			
	8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country		
9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ► _____ <input checked="" type="checkbox"/> Started new business (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) ► _____				
10 Date business started or acquired (month, day, year). See Instructions. 5/7/2003	11 Closing month of accounting year December				
12 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)					
13 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.)	Agricultural	Household	Other		
14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <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) _____				
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
16a 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.					
16b 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 ► _____				
16c 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.					
Third Party Designee	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 ► <u>Lynn Hoeffer</u> Date ► <u>7-18-06</u>					
Applicant's telephone number (include area code) ()					
Applicant's fax number (include area code) ()					