## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

HEWITT J DUPONT

## Secretary of State **DOCUMENT # L03000016745** 05-02-2005 90104 006 \*\*\*\*50.00 FLORIDA HERITAGE INVESTORS, LLC Principal Place of Business Mailing Address 912 S. RIDGEWOOD AVE., STE. D 912 S. RIDGEWOOD AVE., STE. D DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number APPLIED FO Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PYLE, MICHAEL A 1265 W. GRANADA BLVD., STE. 1 Street Address (P.O. Box Number is Not Acceptable) **ORMOND BEACH, FL 32174** City Zip Code 9. 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 lide it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR Dalete TITLE ☐ Change ■ Addition DUPONT, HEWITT J NAME NAME STREET ADDRESS 912 S RIDGEWOOD AVE SUITE D STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE: D Dezene TITLE -☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Defete MLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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. O MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4/29/05 386.257.2425 SIGNATURE:

FILED

Jul 20, 2005 8:00 am

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