

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000020565

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** HERITAGE RESORTS MANAGEMENT,LLC

**Current Principal Place of Business:**

1526 RIVERBEND DRIVE  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

1526 RIVERBEND DRIVE  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 51-0479520

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STILPHEN, PETER S M.P.  
1526 RIVERBEND DRIVE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

STILPHEN, PETER A M.P.  
1526 RIVERBEND DRIVE  
LABELLE, FL 33935 US

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.

SIGNATURE: PETER STILPHEN

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: STILPHEN, PETER A  
Address: 1526 RIVERBEND DRIVE  
City-St-Zip: LABELLE, FL 33935 US

Title: MRS  
Name: STILPHEN, BILLIE L  
Address: 1526 RIVERBEND DRIVE  
City-St-Zip: LABELLE, FL 33935 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PETER STILPHEN

MP

04/12/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date