2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000030051

1. Entity Name

THE HEAVENER COMPANY EDUCATION WEST II, LLC



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3300 UNIVERSITY BLVD, STE. 218 WINTER PARK, FL 32792

3300 UNIVERSITY BLVD, STE. 218 WINTER PARK, FL 32792



04042007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
-			Not Applicable
5,	Certificate of Status Desired	\$5.00 Fee Re	Additional guired

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR. 215 NORTH EOLA DR ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

ORLANDO	J, FL 32001	IN	IN THIS SPACE		
	named entity submits this statement for the purpose of char tions of registered agent,	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent aignature required when reinstating)	DATE		
F	lling Fee is \$50.00 ue by May 1, 2007				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM HEAVENER, JAMES W 3300 UNIVERSITY BLVD #218 WINTER PARK, FL 32792				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER PARK, FL 32/92		U00000718751 05/01/07-80034-010 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

IND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

44/07

Daytime Phone #