## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 23, 2006 08:00 AM Secretary of State

<del></del>			Secretary of State	
DOCUMENT # L03000036556  1. Entity Name HERITAGE VENTURES III, L.L.C.				
		THE STATE OF THE S	1	
Principal Place of Business	Mailing Address			
1043 PINEVIEW CIRCLE LIVE OAK, FL 32064	1043 PINEVIEW CIRCLE LIVE OAK, FL 32064		}	
are orange a second	STE SAGE SERVE			
DO NOT WRITE IN THIS SPACE			02182006No Chg-LLC	
			4. FEI Number Applied For 20-0270182 Not Applied	
			5. Certificate of Status Desired	
6. Name an	nd Address of Current Registered Agent		<u> </u>	
SCOTT, T. ALLISON			DO NOT WRITE	
1043 PINEVIEW CIRCLE LIVE OAK, FL 32064			· <del>-</del>	
	•	}	IN THIS SPACE	
The above named entity so     the obligations of registere	ubmits this statement for the purpose of changing its regis ad agent.	tered office or register	red agent, or both, in the State of Florida. I am familiar with, and acco	
}				
SIGNATURE Signature, typed or p	numed name of registered agent and title if applicable. (INOTE Regis	tered Agent signature required	d when reinstains) OATE	
Filing Fee is \$50.00 Due by May 1, 2008			03/07/06-80045-007 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE MGRM	ALISON	1		
STREET ADDRESS 1043 PINEV	TEW CIRCLE	1		
CITY-ST-ZIP LIVE OAK, F	EL 32064	_		
TITLE NAME		-		
STREET ADDRESS		1		
CITY-ST-ZIP				
TITLE NAME		1		
STREET ADDRESS		1	DO NOT WRITE	
CITY-SI-ZIP				
TITLE NAME		1	IN THIS SPACE	
STREET ADDRESS		1		
CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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 it 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 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2/18/2006

386364-9473

Daytima Phone II