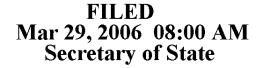
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044177

1. Entity Name

HERITAGE CASH ADVANCE, L.L.C. Principal Place of Business Mailing Address





DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

12478 MASTERS RIDGE DRIVE JACKSONVILLE, FL 32225

03092008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0426039

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fos Required

Daytime Phone #

6. Name and Address of Current Registered Agent

PEEK, DAVID H

12478 MASTERS RIDGE DRIVE

IACKSONVILLE, FL 32225

DO NOT WRITE

| SUITE 1609 JACKSONVILLE, FL 32207 | | IN THIS SPACE |
|--|---|--|
| | named entity submits this statement for the purpose of changitions of registered agent. | ging its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept |
| SIGNATURE. | Signature, typed or printed name of registored agent and title if applicable. | (NOTE: Registered Agent alignature required when relicateling) OATE |
| Đ | iling Fee is \$50.00 ue by May 1, 2006 | |
| 9. | MANAGING MEMBERS/MANAGERS | |
| TITLE | MGR | |
| NAME STREET ADDRESS | WILLIAMS, ANDREW 12478 MASTERS RIDGE DRIVE | The second secon |
| CITY-ST-ZIP | JACKSONVILLE, FL 32225 | |
| TITLE NAME STREET ADDRESS CTTY-ST-ZIP | | 1808 (18 18 18 18 18 18 18 18 18 18 18 18 18 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TITLE RAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| TITLE NAME STROET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 11. I heroby indicated | certify that the information supplied with this filing does not of on this report is true and accurate and that my signature sh | uality for the exemptions contained in Chapter 119, Plorida Statutes. I further certify that the information all bave the same legal effect as it made under cath, that I am a managing member or manager of the |