

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90198 038 \*\*\*\*50.00

<b>DOCUMENT # L03000044177</b>					
<b>1. Entity Name</b> HERITAGE CASH ADVANCE, L.L.C.					
<b>Principal Place of Business</b> 12478 MASTERS RIDGE DRIVE JACKSONVILLE, FL 32225			<b>Mailing Address</b> 12478 MASTERS RIDGE DRIVE JACKSONVILLE, FL 32225		
<b>2. Principal Place of Business - No P.O. Box #</b> 11900 ATLANTIC BLVD Suite, Apt. #, etc. 227		<b>3. Mailing Address</b> PO Box 351152 Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville FL		<b>City &amp; State</b> Jacksonville FL		<b>4. FEI Number</b> 20-0426039	
<b>Zip</b> 32225		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PEEK, DAVID H 1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE, FL 32207			<b>7. Name and Address of New Registered Agent</b> Name: Andrew H Williams Street Address (P.O. Box Number is Not Acceptable): 12478 Masters Ridge Dr City: Jacksonville FL Zip Code: 32225		
<b>8. 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.</b> SIGNATURE:  DATE: 2-14-07 <small>Signature, typed or printed name of registered agent and site if applicable (NOTE: Registered Agent signature required when renataing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, ANDREW 12478 MASTERS RIDGE DRIVE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>		Date: 2-14-07		Daytime Phone #: 904-996-2515	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					