2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L03000050431

1. Entity Name

HEARTWOOD PROPERTIES, LLC



Principal Place of Busines	SS	Mailing Address	Mailing Address			
3545 HIGHWAY US 1 S ST AUGUSTINE FL 320			3545 HIGHWAY US 1 SOUTH ST AUGUSTINE FL 32086			
2. Principa: Place of Busi	ness - No P.O Box #	3, Mailing Addres	3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			
City & State		City & State	City & State			
Zip	Country	Zip	Country	5. Certificati		
6. Name		7. Name an				
	IN D JR CE DE LEON BLV INE FL 32084	/D	Name Street Arti	Street Address (P.O. Box Numb		
			City			
 The above named entities the obligations of regis 		nt for the purpose of char	nging its registered office or r	egistered agent, or bo		

FILED Feb 11, 2008 08:00 AM Secretary of State

3545 HIGHWAY US 1 SOUTH ST AUGUSTINE FL 32086		3545 HIGHWAY US 1 SOUTH ST AUGUSTINE FL 32086								
2. Principa: Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address				- 	5881 1 88 1		
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E083 (10/07)				
City & State		Crty & State	City & State		4. FEI Number 20-275743	4. FEI Number 20-2757439 Applied F				
Zip		Country	Zip	Zip Court		5. Certificate of Status Desired		CE OO Andriana		
6. Name and Address of Current Registered Agent				J		7. Name and Address of New	Registered A	gent		
				Name						
BAILEY, JOHN D JR 780 N PONCE DE LEON BLVD ST AUGUSTINE FL 32084				Street Aridress (P.O. Box Number is Not Acceptable)						
				City		FL	Z ₁ p Code			
	named entity tions of regist		for the purpose of changing its	registere	ad office or re	gistered agent, or both, in the State of F	orida. I am fa	miliar with,	and accept	
בור או אדו וחר	.,									
SIGNATURE	Signature, typed	ega berete got la aman nemna to				equired when (einstaking)	DATE			
			FILE NO After May 1, Make Check Payab	2008, F	the filter of the bas beautiff	\$538.75				
9.		MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS	/CHANGES			
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE

Cato

Daytina Pryzie #