

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013146

FILED  
Apr 02, 2006  
Secretary of State

Entity Name: JM HERITAGE INVESTMENT GROUP, LLC

## Current Principal Place of Business:

425 CHICKSAW TRAIL, PMB 188  
ORLANDO, FL 328257852

## New Principal Place of Business:

501 S. CHICKSAW TRAIL, PMB 188  
ORLANDO, FL 328257852

## Current Mailing Address:

425 CHICKSAW TRAIL, PMB 188  
ORLANDO, FL 328257852

## New Mailing Address:

501 S. CHICKSAW TRAIL, PMB 188  
ORLANDO, FL 328257852

FEI Number: 42-1619647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROADNAX, HORACE  
1701 J REDMAN PKWY  
PLANT CITY, FL 33563 US

## Name and Address of New Registered Agent:

MAY, THEOPHELU  
1709 MORGANS MILL CIRCLE  
ORLANDO, FL 32825 US

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.

SIGNATURE: THEOPHELU MAY

04/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MAY, JONATHAN  
Address: PO BOX 536395  
City-St-Zip: ORLANDO, FL 32853

Title: MGRM ( ) Delete  
Name: MAY, THEOPHELU  
Address: PO BOX 536395  
City-St-Zip: ORLANDO, FL 32853

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THEOPHELU MAY

MGRM

04/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date