




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90439 022 ****50.00

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|--|---|--|--|--|--|
| DOCUMENT # L04000014240 1. Entity Name 13 HEILWOOD STREET, LLC | | | |  | |
| Principal Place of Business 7105 PELICAN DRIVE TAMPA, FL 33636 US | | | Mailing Address 7105 PELICAN DRIVE TAMPA, FL 33636 US | | |
| 2. Principal Place of Business - No P.O. Box # 7105 PELICAN ISLAND DR Suite, Apt. #, etc. | | 3. Mailing Address 7105 PELICAN ISLAND DR Suite, Apt. #, etc. | |  | |
| City & State Zip 33634 Country | | City & State Zip 33634 Country | | 02152007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-0761565 | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent JENNINGS, THOMAS C III 703 COURT STREET CLEARWATER, FL 33756 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HIRSCHFELD, JOSEPH 7105 PELICAN DRIVE TAMPA, FL 33636 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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. | | | 7105 PELICAN ISLAND DRIVE TAMPA FL 33634 | | |
| SIGNATURE:  | | | Date 3/27/07 Daytime Phone # 889-7158 | | |