2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 06, 2005 8:00 am
Secretary of State
04-12-2005 90017 001 ****50.00

04072005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000014298

1. Entity Name
HEARD - KNAPP DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801	4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801

2. Principal Place of Business	3. Mailing Address
131 Fifth St NW	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven FL	City & State
Zip: 33884 Country: USA	Zip Country

4. FEI Number: 34-1983891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KNAPP, RANDALL L
4500 U.S. HIGHWAY 9-E, SUITE #1030
LAKELAND, FL 33801

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARD, CHARLES F JR. 4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNAPP, RANDALL L 4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Co-Member 4/7/05 (863) 299-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #