


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90128 010 ****50.00

DOCUMENT # L04000014298		
1. Entity Name HEARD - KNAPP DEVELOPMENT, LLC		

Principal Place of Business 131 FIFTH STREET NW WINTER HAVEN, FL 33884	Mailing Address 4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801
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2. Principal Place of Business		3. Mailing Address 131 Fifth St NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Haven FL	
Zip	Country	Zip 33881	Country



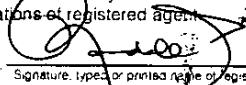
08182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 34-1983891	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ERICKSON, ARTHUR H 146 HORIZON COURT LAKELAND, FL 33813	
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7. Name and Address of New Registered Agent Name: Randall L Knapp Street Address (P.O. Box Number is Not Acceptable) 131 Fifth St NW City: Winter Haven FL Zip Code: 33881	
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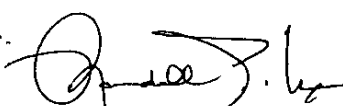
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARD, CHARLES F JR. 4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNAPP, RANDALL L 4500 U.S. HIGHWAY 9-E, SUITE #1030 LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	131 Fifth St NW Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	131 Fifth St NW Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  Managing Member