

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014298

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** HEARD - KNAPP DEVELOPMENT, LLC

**Current Principal Place of Business:**

131 FIFTH STREET NW  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

131 FIFTH STREET NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

131 FIFTH STREET NW  
WINTER HAVEN, FL 33884

**New Mailing Address:**

131 FIFTH STREET NW  
WINTER HAVEN, FL 33881

**FEI Number:** 34-1983891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNAPP, RANDALL L  
131 FIFTH ST. NW  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

KNAPP, RANDALL L  
131 FIFTH ST. NW  
LAKELAND, FL 33881 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: RANDALL L. KNAPP

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HEARD, CHARLES F JR.  
Address: 131 5TH ST. NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR ( ) Delete  
Name: KNAPP, RANDALL L  
Address: 131 5TH ST. NW  
City-St-Zip: WINTER HAVEN, FL 33881

**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 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: RANDALL L. KNAPP

MGR

04/16/2009

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