2006 ~~LIMITED~~ LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035611

1. Entity Name
HEINKEL SARASOTA LLC

Principal Place of Business	Mailing Address
2130 MICHELE DIRVE SARASOTA, FL 34231	2130 MICHELE DIRVE SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

04132006No Chg-LLC CR2E083 (11/05)

4. FEI Number
35-6229024
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, ALAN C
2121 MICHELE DR
SARASOTA, FL 34231

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ERWIN D. HEINKEL GRANTOR TRUST UTD 12-23-0
STREET ADDRESS	45 N. COUNTRY CLUB ROAD
CITY-ST-ZIP	DECATUR, IL 62521
TITLE	MGRM
NAME	BILLIE D. HEINKEL GRANTOR TRUST UTD 12-23-
STREET ADDRESS	45 N. COUNTRY CLUB ROAD
CITY-ST-ZIP	DECATUR, IL 62521
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000516022
04/29/06-80232-018 50.00

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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.

Billie D. Heinkel 217 791-3940

SIGNATURE: Billie D. Heinkel 4/13/06 217 428-2556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #