


3471210

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000043373 1. Entity Name HERITAGE DEVELOPMENT GROUP, LLC	
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Principal Place of Business 2605 SW 33RD STREET BUILDING 200 OCALA, FL 34474	Mailing Address P. O. BOX 2495 OCALA, FL 34478
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02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2043412	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

KIRKPATRICK, KENNETH B 2605 SW 33RD ST BUILDING 200 OCALA, FL 34474
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000638430
02/27/07-60031-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH B 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, JAMES E 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FANTE, NORBERT J JR 2605 SW 33RD STREET OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSS, RANDAL M 2605 SW 33RD STREET BLDG 200 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Kenneth B. Kirkpatrick** 2/13/07 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #