

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000043373

1. Entity Name
HERITAGE DEVELOPMENT GROUP, LLC



Principal Place of Business
**2605 SW 33RD STREET
BUILDING 200
OCALA, FL 34474**

Mailing Address
**P. O. BOX 2495
OCALA, FL 34478**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2043412

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KIRKPATRICK, KENNETH B
2605 SW 33RD ST
BUILDING 200
OCALA, FL 34474**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

U00000820754
02/18/08-80041-016 138.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Kenneth Kirkpatrick 2/4/08 352/482-0777

Date

Daytime Phone #