## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90031 016 \*\*\*\*50.00

1. Entity Nam	MEN 1 # LU4000048 HERITAGE VENTURES,			£0044011		
Principal Place of Business 223 S GADSDEN ST TALLAHASSEE, FL 32301		Mailing Address 1484 MITHCELL AVE TALLAHASSEE, FL 32303				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012006 Chg-LLC CR2E083 (11/05)		
City & State		City & State		4. FEI Number Applied NOT APPLICABLE Not Appl		
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required	ı	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
			Name			
CHAPMAN, J. STANLEY 223 S GADSDEN ST TALLAHASSEE, FL 32301			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City			
	ions of registered agent.	for the purpose of changing its	s registered office or regi	istered agent, or both, in the State of Florida. I am faπiliar with, and a	ecept	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature req	quired when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State		
· 9.	MANAGING MEME	BERS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME	MGRM ? LACIVITA, BETH J	☐ Delete	TITLE NAME	· · · · · · · · · · · · · · · · · · ·	Addition	
STREET ADDRESS CITY-ST-ZIP	1484 MITHCELL AVE TALLAHASSEE, FL 32303		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ ,	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change :	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 of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete

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

TITLE

IIILE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

☐ Change

Change

Addition

☐ Addition