

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048993

FILED
Jun 03, 2009
Secretary of State

Entity Name: FLORIDA HERITAGE VENTURES, LLC

Current Principal Place of Business:

223 S GADSDEN ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

1484 MITHCELL AVE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAPMAN, J. STANLEY
606 EAST JEFFERSON ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CHAPMAN, J. STANLEY
660 EAST JEFFERSON ST
TALLAHASSEE, FL 32301 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:

06/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LACIVITA, BETH J
Address: 1484 MITHCELL AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: R.A. () Change (X) Addition
Name: CHAPMAN, JAMES S MGRM
Address: 660 EAST JEFFERSON STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: J. STANLEY CHAPMAN, R.A./MGRM

R.A.

06/03/2009

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