2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060461

1. Entity Name
HERITAGE COAST PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
185 NORTH BAYSHORE DRIVE EASTPOINT, FL 32328	185 NORTH BAYSHORE DRIVE EASTPOINT, FL 32328

DO NOT WRITE IN THIS SPACE

07112006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

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6. Name and Address of Current Registered Agent

MILLENDER, BRUCE
185 NORTH BAYSHORE DRIVE
EASTPOINT, FL 32328

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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_____

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

Filing Fee is $50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MM
NAME	MILLENDER, BRUCE
STREET ADDRESS	185 NORTH BAYSHORE DR
CITY-ST-ZIP	EASTPOINT, FL 32328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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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:_____   7-6-06   1-850-670-8876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #