


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 30, 2005 8:00 am
Secretary of State

08-30-2005 90015 022 ****50.00

| | |
|---|---|
| DOCUMENT # L04000064668 |  |
| 1. Entity Name RICHARD D HEATLEY, LLC | |

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|--|--|
| Principal Place of Business 32539 PURDUM AVE LEESBURG FL 34788 | Mailing Address 32539 PURDUM AVE LEESBURG FL 34788 |
|--|--|



| | | | |
|--------------------------------|---------|--|------------------------|
| 2. Principal Place of Business | | 3. Mailing Address 31838 Tropical Shores DR. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State TAUNTES Fla. | |
| Zip | Country | Zip 32778 | Country U.S. |

2nd MOORE CR2E083 (5/05)

| | | | |
|---|--|---|--|
| 4. FEI Number | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HEATLEY, RICHARD D 32539 PURDUM AVE LEESBURG FL 34788 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 Richard D. Heatley (NOTE: Registered Agent signature required when reinstating) DATE 8-24-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HEATLEY, RICHARD D 32539 PURDUM AVE LEESBURG FL 34788 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard D. Heatley 8-24-05 343-8655