


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90028 037 \*\*\*\*55.00

<b>DOCUMENT # L04000066450</b>	
1. Entity Name <b>HERITAGE MANAGEMENT COMPANY, LLC</b>	

Principal Place of Business <b>7100 W. CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433 US</b>	Mailing Address <b>7100 W. CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433 US</b>
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2. Principal Place of Business <b>6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite #14 City &amp; State BOCA RATON FL Zip 33487</b>	3. Mailing Address <b>6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite #14 City &amp; State BOCA RATON FL Zip 33487</b>
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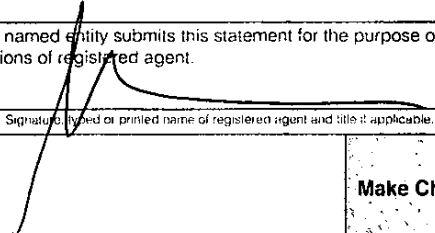
1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent <b>BLOOM, ASHLEY 7100 W. CAMINO REAL BLVD. SUITE 402 BOCA RATON FL 33433</b>	
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4. FEI Number <b>38-3707786</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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7. Name and Address of New Registered Agent Name <b>BLOOM ASHLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6600 W. ROGERS CIRCLE SUITE #14 City BOCA RATON FL Zip Code 33487</b>	
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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 	Ashey Bloom 04/24/06 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLOOM, ASHLEY 7100 W. CAMINO REAL BLVD., SUITE 402 BOCA RATON FL 33433</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLOOM, ASHLEY 6600 W. ROGERS CIRCLE SUITE 14 BOCA RATON FL- 33487</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/24/06 (561) 417-7115