

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 016 ****50.00

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04102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000066450 1. Entity Name HERITAGE MANAGEMENT COMPANY, LLC																											
Principal Place of Business 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487 US		Mailing Address 6600 W ROGERS CIR STE 14 SUITE 402 BOCA RATON, FL 33487 US																									
2. Principal Place of Business - No P.O. Box # 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487		3. Mailing Address 1801 Clint Moore Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487																									
4. FEI Number 38-3707786		Applied For <input 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 BLOOM, ASHLEY 6600 W ROGERS CIR STE 14 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name ASHLEY BLOOM Street Address (P.O. Box Number is Not Acceptable) 1801 Clint Moore Rd # 217 City Boca Raton FL Zip Code 33487																									
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLOOM, ASHLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6600 W ROGERS CIR STE 14</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	BLOOM, ASHLEY		STREET ADDRESS	6600 W ROGERS CIR STE 14		CITY-ST-ZIP	BOCA RATON, FL 33487		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BLOOM, ASHLEY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1801 Clint Moore Rd # 217</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Boca Raton FL 33487</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BLOOM, ASHLEY		STREET ADDRESS	1801 Clint Moore Rd # 217		CITY-ST-ZIP	Boca Raton FL 33487	
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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:		4/11/07 (561) 912-0029																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>																									