
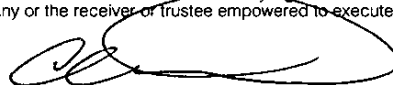


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 19 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000074221</b> 1. Entity Name <b>HEARTLAND ENTERPRISES LLC</b>					
Principal Place of Business <b>11751 MAHAN DRIVE TALLAHASSEE, FL 32309</b>			Mailing Address <b>11751 MAHAN DRIVE TALLAHASSEE, FL 32309</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip			
City & State  Zip		City & State  Zip		4. FEI Number <b>APPLIED FOR</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVIS, CHARLES E JR 11751 MAHAN DRIVE TALLAHASSEE, FL 32309</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, CHRISTOPHER J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARDEN, DAVID L 18 NORTH NONAS ROAD MONTICELLO, FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM J 11751 MAHAN DRIVE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>07-19-06</b> Daytime Phone # <b>850 566 0797</b>					