## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000084029** 04-27-2005 90035 008 \*\*\*\*50.00 1. Entity Name THE VILLAS AT HERITAGE PARK, LLC Principal Place of Business Mailing Address DETVARTOR 11217 SAN JOSE BOULEVARD 11217 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 36-4566159 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F & L CORP Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-3520 City Zip Code FL 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 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE P X Addition TITLE Delete ☐ Change NAME NAME ARNOLD, CHARLES W III STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32223 VP TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME HINSON, DAVID L STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD. JACKSONVILLE, FL 32223 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change X Addition SKAFF, DANA R NAME NAME STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE ☐ Delete TITLE Change X Addition JOHNSON, SUSAN K NAME NAME 11217 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP 32223 (X) Addition Delete TITLE ☐ Change TITLE UDELL, ROBERT E NAME NAME 11217 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

<del>Sus</del>an Johnson

4-25-05

904-880-0464 Daytime Phone #

FILED