2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000088972 1. Entity Name HERÍTAGE LAND COMPANY, LLC



FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90047 044 ***138.75

			156						
Principal Place of Business 6125 ATLANTIC BLVD VERO BEACH, FL 32966		Mailing Address P.O. BOX 1266 VERO BEACH, FL 32961		· .	UUUVV ~~				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numbe 20-2110			<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	1 1	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered A	lgent	
BANACK, WILTON R				Name					
	ANTIC BLVD. ACH, FL 32966	Street Addres			(P.O. Box Number is Not Acceptable)				
			City	<i>,</i>			FL	Zip Code	9
8. The above the obligat	named entity submits this statement for ions of registered agent.	ce or registere	ed agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	organia, typed or printed name or registated agent	and use a appacable. (NOTE:	Hegistered Agent	signature reduied	when resistating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check pa i Departma	ayable to ent of State	: B
9.	MANAGING MEMBE	RS/MANAGERS	10.		•	ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORNBUCKLE, LAMARCUS E 6160 FIRST STREET SOUTHWI VERO BEACH, FL 32968	□ Delete	TITLE NAME STREET ADDR	1				☐ Change	☐ Addition
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	BANACK, SIDNEY M 6125 ATL'ANTIC BLVD. VERO BEACH, FL 32966	LI Delete	NAME STREET ADDR	1				Onange .	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM BANACK, WILTON R 6125 ATLANTIC BLVD. VERO BEACH, FL 32966	☐ Delete	TITLE NAME STREET ADDR		lack, W 5 Atlan	ilton Blue Hic Blue		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDS	RESS	000			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDS CITY-ST-ZIP	RESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ı				Change	Addition

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 execute 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE