

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091639

FILED
Mar 27, 2007
Secretary of State

Entity Name: HERITAGE BUSINESS CENTER, LC

Current Principal Place of Business:

975 E. MEMORIAL BOULEVARD
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 725589
ATLANTA, GA 31139 US

New Mailing Address:

FEI Number: 20-2100332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITMAN, HOWE D
3067 GRASSLANDS DR.
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITMAN, HOWE D
Address: 3067 GRASSLANDS DR.
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR () Delete
Name: WHITMAN, HOWE D JR.
Address: 9 NELSON RIDGE RD.
City-St-Zip: PRINCETON, NJ 08540 US

Title: MGR () Delete
Name: RODDA, JOHN A
Address: 2128 E. EDGEWOOD DR., SUITE 109
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RODDA, JOHN A
Address: 250 E. HIGHLAND DR.
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VINCENT MERKLE

SEC

03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date