


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90051 026 ***138.75

DOCUMENT # L05000001350 1. Entity Name HEFTY PROPERTIES, L.L.C.			
Principal Place of Business 2530 CRAFTY CLINT LANE HENDERSON, NV 89015		Mailing Address P.O. BOX 61377 BOULDER CITY, NV 89006	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO BOX 230250 Suite, Apt. #, etc.	
City & State LAS VEGAS, NV		City & State LAS VEGAS, NV	
Zip 89105	Country USA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, G. THOMAS 510 EAST ZARAGOZA STREET PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name NRAI SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, Suite 4 City Weston FL Zip Code 33331	
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 <i>[Signature]</i> 2/6/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFTY, JOHN 2530 CRAFTY CLINT LN HENDERSON, NV 89002	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10957 INVERLOCHY CT LAS VEGAS, NV 89141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEFTY, RITA 2530 CRAFTY CLINT LN HENDERSON, NV 89002	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10957 INVERLOCHY CT LAS VEGAS, NV 89141
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1-30-08 762-630-2764 <small>Date Daytime Phone #</small>	