


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90024 032 ****50.00

DOCUMENT # L05000018851	
1. Entity Name HEARTSFIELD BUILDERS, LLC	

Principal Place of Business 2450 WILL HARDEE ROAD FERNANDINA BEACH FL 32304	Mailing Address 2450 WILL HARDEE ROAD FERNANDINA BEACH FL 32304
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2. Principal Place of Business 2450 Will Hardee Rd	3. Mailing Address 2450 Will Hardee Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fernandina Bch, FL	City & State Fernandina Bch FL
Zip 32034	Zip 32034
Country Nassau	Country Nassau

4. FEI Number 202-43-6994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HEARTSFIELD, DARRELL BRUCE 2450 WILL HARDEE ROAD FERNANDINA BEACH FL 32304	
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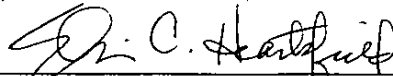
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 4-16-06

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEARTSFIELD, DARRELL BRUCE P.O. BOX 16321 FERNANDINA BEACH FL 32035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heartsfield, Darrell Bruce 2450 Will Hardee Road Fernandina Bch, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEARTSFIELD, ELAINE C P.O. BOX 16321 FERNANDINA BEACH FL 32035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Heartsfield, Elaine C. 2450 Will Hardee Road Fernandina Bch, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	Elaine C. Heartsfield	2-13-06	904 261 4807
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