


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90002 015 \*\*\*\*50.00

<b>DOCUMENT # L05000021935</b>					
<b>1. Entity Name</b> HEFFNERDT, LLC					
<b>Principal Place of Business</b> 830-13 A1A NORTH #223 PONTE VEDRA BEACH, FL 32082			<b>Mailing Address</b> 830-13 A1A NORTH #223 PONTE VEDRA BEACH, FL 32082		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07132006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-1605853				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trisha Heffner President 830-13 A1A N#223 PVB, FL, 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Heffner CEO (some address) <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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> _____			7/12/06    904    226-3412		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		

\* fee paid 3/1/06 - see attached

Primary Account: 0020583886

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Enclosures 0

Mar 01, 2006 to Mar 31, 2006

ATTACHMENT

30011968<sup>31</sup>  
#L05000021935

Compass  
Bank

HEFFNERDT LLC

Image Items

#1030 03/14 \$50.00

HEFFNERDT, LLC  
20014236 1000  
31100  
Pay to Florida Dept. of State 15.50.  
fully dollar off 001000  
Compass Bank  
00810139246 205 8148 67 1020 000000000000

Compass Bank

Compass Bank

block 4  
mgro.