2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 17, 2006 8:00 am Secrétary of State **DOCUMENT # L05000021935** 03-09-2006 90002 015 ****50.00 1. Entity Name HEFFNERDT, LLC Principal Place of Business Mailing Address 830-13 A1A NORTH #223 830-13 A1A NORTH #223 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For 4. FEI Nomber Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. APDIMONS/CHANGES TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IMF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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.

IG MANAGONS MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Primary Account: 0020583886 Page 2 of 2 Enclosures 0 Mar 01, 2006 to Mar 31, 2008 ATTACHMENT 30011968 +105000021935

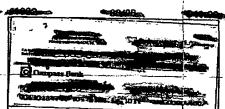
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HEFFNERDT LLC

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