


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L05000024552 1. Entity Name HERITAGE INK, LLC	
---	---

Principal Place of Business 2933 MADISON STREET MARIANNA, FL 32446 US	Mailing Address 2933 MADISON STREET MARIANNA, FL 32446 US
---	---

DO NOT WRITE IN THIS SPACE



01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 90-0121224	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--

3. Name and Address of Current Registered Agent MILLER, GORDON 2933 MADISON STREET MARIANNA, FL 32446
--

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000730223
05/08/07-80072-006 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, GORDON 2933 MADISON STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SHARON 2933 MADISON STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sharon L. Miller 7/24/07 850-209-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #