


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:02

DOCUMENT # L05000033508 1. Entity Name HEATHBROOK PARTNERS, L.L.C.					
Principal Place of Business 6412 HIGH DR. SHAWNEE MISSION, KS 66208			Mailing Address 6412 HIGH DR. SHAWNEE MISSION, KS 66208		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>Heathbrook Partners LLC</i> <i>10935 SE 177th Place #305</i>			
City & State Zip		City & State Zip		4. FEI Number 20-2627582	
Country		Country		5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, GLENN 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Managing Member</i> <i>Glenn Lane</i> <i>10935 SE 177th Place #305</i> <i>Summerfield, FL 34491</i>		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	
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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>Glenn Lane</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			9/6/06 352 2455090 Date Daytime Phone #		