


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90139 017 ***138.75

DOCUMENT # L05000033508					
1. Entity Name HEATHBROOK PARTNERS, L.L.C.					
Principal Place of Business 6412 HIGH DR. SHAWNEE MISSION, KS 66208			Mailing Address 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491		
2. Principal Place of Business - No P.O. Box # 10935 SE 177th Place		3. Mailing Address			
Suite, Apt. #, etc. 305		Suite, Apt. #, etc.			
City & State SUMMERFIELD FL		City & State		4. FEI Number 20-2627582	
Zip 34491		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANE, GLENN 10935 SE 177TH PLACE, #305 SUMMERFIELD, FL 34491			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 <i>Glenn E. Lane</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Managing Member <i>2/1/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MM LANE, GLENN 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491	<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"/> Change <input type="checkbox"/> Addition			
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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"/> Change <input type="checkbox"/> Addition			
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 E. Lane</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Managing Member <i>4/10/08</i> <i>352 045-5090</i> <small>Date Daytime Phone #</small>		

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