## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 08, 2006 8:00 am Secretary of State 02-13-2006 90194 011 \*\*\*\*50.00 **DOCUMENT # L05000038675** 1. Entity Name HERITAGE HOMES LLC 30001952 Principal Place of Business Mailing Address 1250 DUNBRIDGE STREET **1588 S LYONS COURT** OVEDO, FL 32765 US APOPKA, FL 32703 2. Principal Place of Business 3. Mailing Address 2405 🥸 Legacy Sulte, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E083 (11/05) City & State City & State 4. FEI Number Applied For <del>20-273</del>3428 Maithan Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent sa of Current Registered Agent WELDING, JAMES T 1588 S. LYONS COURT OVIEDO, FL 32765 <sup>Zip Co</sup>つって1 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 Welding SIGNATURE filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR nne O Delette TITLE ☐ Addition WELDING, JAMES T NAME NAME 2405 Legacy Lake Dr Maitland, FL 3251 STREET ADDRESS 1588 S. LYONS COURT STREET ADORESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZP MGR TITLE Delete TITLE ☐ Change ☐ Addition SWANSON, ERIC A NAME 1250 DUNBRIDGE STREET STREET ADDRESS STREET ADDRESS CATY-ST-ZP APOPKA, FL 32703 CTY-ST-2P TITLE Delete TITLE ☐ Change ☐ Addition MALAF HALF STREET ADDRESS STREET ATIONESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete TITLE TITLE ☐ Change Addition MARKE MARKE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE TITLE ☐ Defete ☐ Change ☐ Addition NA ASS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP 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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

James

SIGNATURE:

FILED



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2006

HERITAGE HOMES LLC 1588 S LYONS COURT OVIEDO, FL 32765 US

Subject: HERITAGE HOMES LLC

Reference Number:

L05000038675

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JD ANNUAL REPORTS SECTION