

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90041 007 \*\*\*\*50.00

<b>DOCUMENT # L05000042393</b> 1. Entity Name <b>HERITAGE ACRES, L.L.C.</b>					
Principal Place of Business <b>250-D CENTER COURT VENICE, FL 34285</b>			Mailing Address <b>250-D CENTER COURT VENICE, FL 34285</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent <b>GATES, JEFFREY O 250-D CENTER COURT VENICE, FL 34285</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
5. 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 reissuing) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE	MGRM		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	GREIG, MICHAEL K		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	250-D CENTER COURT		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY - ST - ZIP	VENICE, FL 34285		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	MGRM		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
NAME	JEFFREY O. GATES		NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS	250-D CENTER COURT		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY - ST - ZIP	VENICE, FL 34285		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Delete <input type="checkbox"/>		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Delete <input type="checkbox"/>		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY - ST - ZIP	Delete <input type="checkbox"/>		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	Delete <input type="checkbox"/>		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Delete <input type="checkbox"/>		STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY - ST - ZIP	Delete <input type="checkbox"/>		CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:			Date: <b>1-6-06</b> Daytime Phone: <b>941-484-9050</b>		

ATTACHMENT 30000387



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2006

HERITAGE ACRES, L.L.C.  
250-D CENTER COURT  
VENICE, FL 34285

Subject: HERITAGE ACRES, L.L.C. -

20-2768250

Reference Number:

L05000042393

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

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

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