2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000042393

Entity Name: HERITAGE ACRES, L.L.C.

Current Principal Place of Business:

250-D CENTER COURT
VENICE, FL 34285

New Principal Place of Business:

779 COMMERCE DRIVE, STE. 14
VENICE, FL 34292

Current Mailing Address:

250-D CENTER COURT
VENICE, FL 34285

New Mailing Address:

779 COMMERCE DRIVE, STE. 14
VENICE, FL 34292

FEI Number: 20-2768250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GATES, JEFFREY O
250-D CENTER COURT
VENICE, FL 34285 US

Name and Address of New Registered Agent:

GATES, JEFFREY O
779 COMMERCE DRIVE, STE. 14
VENICE, FL 34292 US

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.

SIGNATURE: _____ 04/29/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GREIG, MICHAEL K
Address: 250-D CENTER COURT
City-St-Zip: VENICE, FL 34285

Title: MGRM ( ) Delete
Name: GATES, JEFFREY O
Address: 250-D CENTER CT
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREIG, MICHAEL K
Address: 779 COMMERCE DRIVE, STE. 14
City-St-Zip: VENICE, FL 34292

Title: MGRM (X) Change ( ) Addition
Name: GATES, JEFFREY O
Address: 779 COMMERCE DRIVE, STE. 14
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL K. GREIG MGRM 04/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date