

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90045 022 ****55.00

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03242006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000044519 1. Entity Name HEATH HILL DESIGN, LLC					
Principal Place of Business 1686 EAGLE NEST CIR. WINTER SPINGS, FL 32708			Mailing Address 1686 EAGLE NEST CIR. WINTER SPINGS, FL 32708		
2. Principal Place of Business 8661 Southern Glen Suite, Apt. #, etc.		3. Mailing Address 8661 Southern Glen Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32256 Country U.S.A.		City & State Jacksonville, FL Zip 32256 Country U.S.A.		4. FEI Number 32-0150360 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CRAWFORD, REBECCA 1686 EAGLE NEST CIR. WINTER SPINGS, FL 32708			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 <u>Rebecca H. Crawford</u> <u>Rebecca Crawford R.H.C.</u> <u>4/4/06</u> <u>R.H.C.</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAWFORD, REBECCA 1686 EAGLE NEST CIR. WINTER SPINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Crawford, Rebecca 8661 Southern Glen Jacksonville, FL 32256
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: <u>Rebecca H. Crawford</u> <u>Rebecca Crawford</u> <u>4/4/06</u> <u>904-683-8944</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					