


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90017 026 \*\*\*143.75

<b>DOCUMENT # L05000044519</b>	
1. Entity Name <b>HEATH HILL DESIGN, LLC</b>	

Principal Place of Business <b>8661 SOUTHERN GLEN JACKSONVILLE FL 32256</b>	Mailing Address <b>8661 SOUTHERN GLEN JACKSONVILLE FL 32256</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

6. Name and Address of Current Registered Agent  <b>CRAWFORD, REBECCA 1686 EAGLE NEST CIR. WINTER SPINGS FL 32708</b>	
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7. Name and Address of New Registered Agent	
Name	<b>Rebecca Crawford</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>8661 Southern Glen Dr.</b>	
City	<b>Jacksonville FL</b>
Zip Code	<b>32256</b>

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	<b>Rebecca H. Crawford</b> <b>4/14/08</b>
<small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent's signature required when registering)</small>	

<p align="center"><b>FILE NOW!!! FEE IS \$138.75</b>  <b>After May 1, 2008, Fee Will Be \$538.75</b>  <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CRAWFORD, REBECCA 8661 SOUTHERN GLEN JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Rebecca H. Crawford</b>	<b>4/14/08</b> <b>904-683-8944</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	