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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000066704

1. Entity Name
HERITAGE GREEN, LLC

FILED
07 MAR 30 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
330 EAST CENTRAL BOULEVARD ORLANDO, FL 32801	P.O. BOX 2146 ORLANDO, FL 32802

01062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 S. Orange Avenue	
Suite, Apt. #, etc. Suite 2075	Suite, Apt. #, etc.
City & State Orlando, FL	City & State
Zip 32801 Country USA	Zip Country

4. FEI Number
61-1490150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
G&L AGENT SERVICES, INC. ATTN: PRESIDENT 390 NORTH ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	Name: Denise Reck Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue, Suite 2075 City: Orlando **FL** Zip Code: 32801

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 Denise Reck, Contract Manager Denise Reck 3/21/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANM HG GROUP SERVICES, INC. P.O. BOX 2146 ORLANDO, FL 32802 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900198002[illegible] ☐ Change ☐ Addition 04/06/07--01043--002 **550.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3/22/07 4073770555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #