

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071250

**FILED**  
**Jan 25, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA HERITAGE COMMUNITIES, LLC

**Current Principal Place of Business:**

5770 SHIRLEY STREET  
NAPLES, FL 34109 US

**New Principal Place of Business:**

5495 BRYSON DRIVE  
SUITE 423  
NAPLES, FL 34109 US

**Current Mailing Address:**

5770 SHIRLEY STREET  
NAPLES, FL 34109 US

**New Mailing Address:**

5495 BRYSON DRIVE  
SUITE 423  
NAPLES, FL 34109 US

**FEI Number:** 20-3296578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIESKY, JAMES H  
1000 TAMiami TRAIL N.  
SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OSPREY PROPERTIES, I, NC.  
Address: 5186 BERKLEY DRIVE  
City-St-Zip: NAPLES, FL 34112 US

Title: MGRM ( ) Delete  
Name: HERITAGE SUNRISE, LL, C  
Address: 5770 SHIRLEY ST.  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** OSPREY PROPERTIES, INC

MGRM

01/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date