2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000075074

1. Entity Name HEIRS, LLC



Principal Place of Business

3201 S. OCEAN BLVD. NO. 1202 HIGHLAND BEACH, FL 33487 Mailing Address

3201 S. OCEAN BLVD. NO. 1202 HIGHLAND BEACH, FL 33487

FILED Jan 18, 2008 8:00 am Secretary of State

01-18-2008 90016 001 ***138.75

60002255



01162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0765680

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANE, PAUL J ESQ 2755 E. OAKLAND PARK BLVD. SUITE 300 FT. LAUDERDALE, FL 33306

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	named entity submits this statement for the purpose of changing tions of registered agent.	g its registere	d office or registered agent, or both, in the State of Florida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. ((NOTE: Registered	Agent signature required when reinstaling) DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAASE, IRVING 3201 S. OCEAN BLVD. NO. 1202 HIGHLAND BEACH, FL 33487			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	

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:

TITLE
NAME
STREET ADDRESS

- acese

1-11-08

561-778-7684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #