

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000075956

1. Entity Name
HETZ DEVELOPMENT, LLC



Principal Place of Business
**5495 CARMODY LAKE DRIVE
PORT ORANGE, FL 32128 US**

Mailing Address
**5495 CARMODY LAKE DRIVE
PORT ORANGE, FL 32128 US**



02262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4102889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**RICE & ROSE, P.A.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HETZ, RANDAL
STREET ADDRESS	5495 CARMODY LAKE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32128

TITLE	P
NAME	HETZ, TAUNIA
STREET ADDRESS	5495 CARMODY LAKE DR
CITY-ST-ZIP	PORT ORANGE, FL 32128

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/31/07-80014-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *X Randal Hetz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____