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

SIGNATURE: UN TOWN OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L05000093354

1. Entity Name

HEARTWOOD DEVELOPMENT, LLC



FILED Feb 11, 2008 08:00 AM Secretary of State

SIGNATURE	HEART WOOD DEVELOPMENT, LLC					7		
345 HIGHWAY U.S. 1 SOUTH   ST. AUGUSTINE FL. 32086   St. Augustine st. Augusti	Principal Piás	ce of Business	Mailing Address			•		
Suite Apt #, disc.	3545 HIGHWAY U.S. 1 SOUTH		3545 HIGHWAY U.S. 1 SOUTH		1			
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Scottificate of Status Destred  Scott Address of Current Registered Agent  Name and Address of Current Registered Agent  Name  BALLEY, JOHN D JR 78 NONRTH PONCE DE LEON BOULEVARD  ST. AUGUSTINE FL 32084  City  Streat Address (P.O. Box Murriser is Not Acceptable)  FL ZO Code  The above named entity submits this statement for the purpose of sharping its registered dispert, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State of Floods. I am familiar with, and accept the collegions of registered agent, or cells, in the State o	2. Principal Place of Business - No P.O. Box #		3. Mailing Address		····			
Zip	Suite, Apt	. #. etc.	Suite, Apt, #, etc.			1st MOORE CR2E083 (10/07)		
South   Sout	City & Sta	te	City & State			20 4172749		
BAILEY, JOHN D JR 780 NORTH PONCE DE LEON BOULEVARD ST. AUGUSTINE FL 32084  City  FL Zp Code  8. The above named entity submits this statement for the purposes of changing its registered disce or registered agent, or coth, in the State of Florad. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purposes of changing its registered office or registered agent, or coth, in the State of Florad. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purposes of changing its registered office or registered agent, or coth, in the State of Florad. I am familiar with, and accept the obligations of registered agent.  9. MANAGING MEMBERS MANAGERS  10. ADDITIONS/CHANGES  10. ADDITION	Zip Country		Zip	Zip Courery		5 Certificate of Status Desired S5.00 Additional		
BAILEY, JOHN D JR 780 NORTH PONCE DE LEON BOULEVARD  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for life purpose of changing its registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  For allow locetic and control to the purpose of changing its registered office or registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks.  International Plancks I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flocks. I am familiar with, and accept the obligations of registered agent, or both in the State of Flocks.  International Plancks I am familiar wit		6. Name and Address of Current	Registered Agent	-1 1				
TRIE NORTH PONCE DE LEON BOULEVARD  ST. AUGUSTINE FL 32084  City FL Zp Code  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 dobigations of registered agent.  SIGNATURE    Code   Policy   Policy			. Tregional ou / Igoni		Name	7. Hand and Address of from Hogisterso Agent		
8. The above named entity submits this statement for the purpose of planging its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	780	NORTH PONCE DE LEON	BOULEVARD		Street Address (	P.O. Box Number is Not Acceptable)		
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### PILE NOW!!! FEE IS \$138.75   After May 1, 2008. Fee Will Be \$538.75   Make Check Payable to Florida Department of State   MGR	SIGNATURE	Signation typed or granted name of registered agent	untile tucestable (NC	OTE Renatera	ouers a stue toa e ca	LA SOURCESSAINO		
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11. Thereby 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	11. Lhereby	certify that the information scionlied with	n this filing does not qualify	for the eve	emplions containe	d in Section 119. Florida Statutes. I hurther certifu that the information		

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Daytina Poore #