

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90152 025 ***138.75

DOCUMENT # L05000096744					
1. Entity Name THE RESERVES AT HEATHBROOK, LLC					
Principal Place of Business 922 NORTH JACKS LAKE ROAD CLERMONT, FL 34711			Mailing Address 922 NORTH JACKS LAKE ROAD CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 120984			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Clermont, FL		4. FEI Number 20-3559429	
Zip		Country 34712 USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DENNIS J. BESSEY, ESQUIRE 1920 VIRGINIA AVENUE 102 FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name <u>Dennis J. Bessey, esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>12800 University Dr.</u> <u>Suite # 380</u> City <u>Ft. Myers</u> FL Zip Code <u>33907</u>	
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLYER, JOSEPH A 922 NORTH JACKS LAKE ROAD CLERMONT, FL FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____			4-16-08 352-390-7328		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		