



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90172 045 ****50.00

DOCUMENT # L05000107015					
1. Entity Name HEILER COMMUNITIES, LLC					
Principal Place of Business 2655 MCCORMICK DRIVE, SUITE 212 CLEARWATER, FL 33759			Mailing Address 2655 MCCORMICK DRIVE, SUITE 212 CLEARWATER, FL 33759		
2. Principal Place of Business 7602-4 CONGRESS ST Suite, Apt. #, etc.		3. Mailing Address 7602-4 CONGRESS ST Suite, Apt. #, etc.			
City & State NEW PORT RICHEY, FL		City & State NEW PORT RICHEY, FL		4. FEI Number 20-3939355	
Zip 34653		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALES, LARRY J 2655 MCCORMICK DRIVE, SUITE 212 CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name: ALFRED G. HEILER Street Address (P.O. Box Number is Not Acceptable): 7602-4 CONGRESS ST City: NEW PORT RICHEY FL Zip Code: 34653		
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: <u>ALFRED G. HEILER</u> <u>Alfred G. Heiler</u> <u>1/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEILER, ALFRED G 7602-4 CONGRESS STREET NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	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"/> Delete	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: <u>Alfred G. Heiler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>1/24/06</u> <small>Date</small>		<u>927-842-6255</u> <small>Daytime Phone #</small>