


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90190 002 \*\*\*\*55.00

**60021849**



<b>DOCUMENT # L06000036551</b>					
1. Entity Name HERITAGE PROPERTY SERVICES OF SOUTH FLORIDA LLC					
Principal Place of Business 308 NORTH B STREET LAKE WORTH, FL 33460			Mailing Address 308 NORTH B STREET LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box # 511 Lucerne Avenue		3. Mailing Address 511 Lucerne Avenue			
Suite, Apt. #, etc. #318		Suite, Apt. #, etc. #318			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 20-4607728	
Zip 33460		Country Palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33460		Country Palm Beach		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOGELL, SHELLEY A 511 LUCERNE AVE #318 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent		
Name			-		
Street Address (P.O. Box Number is Not Acceptable)			-		
City			FL		Zip 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 obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOGELL, SHELLEY A 308 NORTH B STREET LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOGELL, SHELLEY A 511 LUCERNE AVENUE #318 LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOGELL, STEVEN D 308 NORTH B STREET LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOGELL, STEVEN D 511 LUCERNE AVENUE #318 LAKE WORTH, FL 33460	<input checked="" 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
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
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.					
<b>SIGNATURE:</b> <i>Shelley A. Mogell</i> Shelley A. Mogell		Date		3-2-07 954/695-1957	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	