

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042457

Entity Name: HERITAGE OAKS, LLC

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

1523 GULF BEACH HIGHWAY
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1523 GULF BEACH HIGHWAY
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-4751493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAUGHT, BRUCE A
385 HIGHWAY 98
220
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

PONCE, JON
1523 GULF BEACH HWY
#47
PENSACOLA, FL 32507 US

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.

SIGNATURE: JON PONCE

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TJLL HOLDINGS, INC.,
Address: 548 MARY ESTHER CUTOFF, SUITE 123
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: MGRM (X) Delete
Name: FSR HOLDINGS, INC.,
Address: 927 RUST BRANCH LANE
City-St-Zip: EVANS, GA 30809

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FSR HOLDINGS, INC.,
Address: 2118 OAK RIDGE RD
City-St-Zip: MARTINEZ, GA 30907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH A PONCE

MGMR

07/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date