

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000053152

**FILED  
Apr 30, 2008  
Secretary of State**

**Entity Name:** HECARES, LLC

**Current Principal Place of Business:**

2135 U.S. HIGHWAY 441/27  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 730  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

**FEI Number:** 20-4925532      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

MUNN, CARL A  
2135 U.S. HIGHWAY 441/27  
FRUITLAND PARK, FL 34731      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MUNN, CARL  
Address: 9536 MID SUMMER LANE  
City-St-Zip: LEESBURG, FL 34788 US

Title: MGRM ( ) Delete  
Name: MUNN, CHRISTOPHER  
Address: 9025 CR 128C  
City-St-Zip: WILDWOOD, FL 34785

**ADDITIONS/CHANGES:**

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

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: CARL MUNN      MGR      04/30/2008

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