2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90206 041 ***138.75

DOCUMENT # L06000058449

1. Entity Name

HERITAGE PLACE, LLC

Principal Place of Business	Mailing Address
416 E HOWARD STREET LIVE OAK FL 32064	416 E HOWARD STREET LIVE OAK FL 32064

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1126 OHIO AVE., NORTH		1126 OHIO AVE., NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LIVE OAK, FL		City & State: LIVE OAK, FL	
Zip: 32064	Country: USA	Zip: 32064	Country: USA

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, WILLIAM K 416 E HOWARD STREET LIVE OAK FL 32064	Name: DANIELS, WILLIAM K. Street Address (P.O. Box Number is Not Acceptable): 1126 OHIO AVE., NORTH City: LIVE OAK FL Zip Code: 32064

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 [signature] 2-25-08
Signature, typed or printed name of registered agent and title if applicable (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	MGRM DANIELS, WILLIAM K 416 E HOWARD STREET LIVE OAK FL 32064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIELS, WILLIAM K. 1126 OHIO AVE., NORTH LIVE OAK, FL 32064	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 2-25-08 386-362-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #