

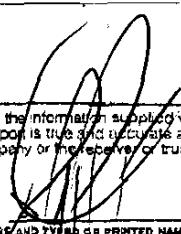
FROM : ZS ACCTG

FAX NO. : 352-291-0835

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90306 020 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000067325 1. Entity Name HACIENDA HEINSEN, L.L.C.					
Principal Place of Business 16833 SE 19TH STREET SUMMERFIELD, FL 34941			Mailing Address 16833 SE 19TH STREET SUMMERFIELD, FL 34941		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03302007 Chg-LLC CR2E083 (12/06)	
4. *FEI Number 20-874448				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HICKS, DANIEL 421 SOUTH PINE STREET OCALA, FL 34474				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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GINEBRA, MARIO HEINSEN 16833 SE 19TH STREET SUMMERFIELD, FL 34941	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ACEBAL DOORLY, JOSE ANTONIO 16833 SE 19TH STREET SUMMERFIELD, FL 34941	☐ 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 Chapter 113, 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 605, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60048431



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT****ATTACHMENT**

DOCUMENT # L06000067325			
1. Entity Name HACIENDA HEINSEN L.L.C.			
Principal Place of Business 16833 SE 19TH STREET SUMMERFIELD, FL 34941		Mailing Address 16833 SE 19TH STREET SUMMERFIELD, FL 34941	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 16833 - 5738-4545		Applied For This Document	
5. Corporation or status desired ☐		\$5.00 Annual Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HICKS, DANIEL 421 SOUTH PINE STREET OCALA, FL 34474		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 _____ Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. ADDITIONAL REGISTERED AGENTS		10. ADDITIONAL REGISTERED AGENTS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GINEBRA, MARIO HEINSEN 16833 SE 19TH STREET SUMMERFIELD, FL 34941 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACEBAL DOORLY, JOSE ANTONIO 16833 SE 19TH STREET SUMMERFIELD, FL 34941 ☐ 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

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056