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.

60048431

Principal Place of Business	Mailing Address
16833 SE 19TH STREET SUMMERFIELD, FL 34941	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

03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8744480 ☐ 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
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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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

60048431

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

03302007 Chg-LLC CR2E083 (12/06)

4. FEI Number | Applied For

City | County | Zip | County

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 _____ DATE
Signature required if changing registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. OFFICER/DIRECTOR INFORMATION

TITLE	MGRM	☐ Delete
NAME	GINEBRA, MARIO HEINSEN	
STREET ADDRESS	16833 SE 19TH STREET	
CITY-ST-ZIP	SUMMERFIELD, FL 34941	
TITLE	MGRM	☐ Delete
NAME	ACEBAL DOORLY, JOSE ANTONIO	
STREET ADDRESS	16833 SE 19TH STREET	
CITY-ST-ZIP	SUMMERFIELD, FL 34941	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		

10. OFFICER/DIRECTOR INFORMATION

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		

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