

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068949

FILED
Apr 26, 2007
Secretary of State

Entity Name: CANOE CREEK HERITAGE, LLC

Current Principal Place of Business:

5100 CANOE CREEK ROAD
ST CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

5100 CANOE CREEK ROAD
ST CLOUD, FL 34772 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARTIN, EDWARD JR
5100 CANOE CREEK ROAD
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

PARTIN, EDWARD L JR
5100 CANOE CREEK ROAD
ST. CLOUD, FL 34772 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: EDWARD L. PARTIN, JR.

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PARTIN, EDWARD JR
Address: 5100 CANOE CREEK ROAD
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGRM () Delete
Name: PARTIN, SHARON
Address: 5100 CANOE CREEK ROAD
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PARTIN, EDWARD L JR
Address: 5100 CANOE CREEK ROAD
City-St-Zip: ST CLOUD, FL 34772 US

Title: MGRM (X) Change () Addition
Name: PARTIN, SHARON M
Address: 5100 CANOE CREEK ROAD
City-St-Zip: ST CLOUD, FL 34772

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: EDWARD L. PARTIN, JR.

MGRM

04/26/2007

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