2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000075750

1. Entity Name
HERITAGE CUSTOM MILLWORKS LLC

Principal Place of Business	Mailing Address
107 AMAR PLACE PANAMA CITY BEACH, FL 32413	107 AMAR PLACE PANAMA CITY BEACH, FL 32413

DO NOT WRITE IN THIS SPACE

02192008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5384279	Not Applicable

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

6. Name and Address of Current Registered Agent

DICKEY, MICHAEL P ESQ.
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000862544
04/03/08-80055-003 138.75

9.	MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PFNEISEL, RYAN
STREET ADDRESS	3482 TRIMINGHAM LANE
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	MGRM
NAME	PFNEISEL, JOHN
STREET ADDRESS	717 GULFVIEW DR
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 3/12/08   850-230-8277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #