


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90344 046 \*\*\*\*50.00

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # L06000089004</b><br>1. Entity Name<br><b>HEAVENLY INVESTMENTS LLC</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>1731 HARBOUR SIDE DR<br/>WESTON, FL 33326</b>  |  |  | Mailing Address<br><b>2800 EAST COMMERCIAL BLVD<br/>STE 208<br/>FT. LAUDERDALE, FL 33308</b> |  |  |
| 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<br><b>14-1976309</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KATZ, ALLEN H<br/>2800 EAST COMMERCIAL BLVD<br/>STE 208<br/>FT. LAUDERDALE, FL 33308</b>   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WEBB, VIOLA<br>1731 HARBOUR SIDE DR<br>WESTON, FL 33326        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>CANDICE, WEBB T<br>1731 HARBOUR SIDE DRIVE<br>WESTON, FL 33326 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |  |  |  |
| SIGNATURE: <i>X [Signature]</i>  |  |  | <i>Viola Webb</i>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date <i>X 4/9/07</i> Daytime Phone # <i>X 954 534 5326</i>                                   |  |  |