


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L07000087964		
1. Entity Name ALACHUA HERITAGE LLC		

Principal Place of Business 20109 NW 113TH WAY ALACHUA, FL 32615	Mailing Address PO BOX 1300 ALACHUA, FL 32616
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2. Principal Place of Business - No P.O. Box # 5927 NW 246th Ave	3. Mailing Address PO BOX 48
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Alachua, FL	City & State Lacrosse, FL
Zip 32615	Zip 32658
Country Alachua	Country Alachua

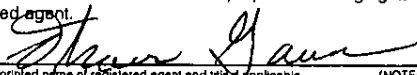
12302008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SYER, SERENE 20109 NW 113TH WAY ALACHUA, FL 32616	
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7. Name and Address of New Registered Agent Name Gause, Thomas Street Address (P.O. Box Number is Not Acceptable) 5927 NW 246th Ave City Alachua FL Zip Code 32615	
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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 12-30-2008

Amended AR is \$50.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYER, SERENE PO BOX 571 ALACHUA, FL 32616 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139531255 01/06/09--01011--001 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAUSE, THOMAS PO BOX 48 LACROSSE, FL 32658 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES JAN 9 2009 EXAMINER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
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SIGNATURE: 	DATE 12/30/08	DAYTIME PHONE # 352 505 1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

FILED
09 JAN -9 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

