

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L94000000699 1. Entity Name HERITAGE NOB HILL APARTMENTS, L.C.	
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Principal Place of Business 2901 WEST BUSCH BOULEVARD #901 TAMPA, FL 33618	Mailing Address 2901 WEST BUSCH BOULEVARD #901 TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



05102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3291376	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEKIEMPIS, VINCENT
2901 WEST BUSCH BOULEVARD
#901
TAMPA, FL 33618

**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 _____

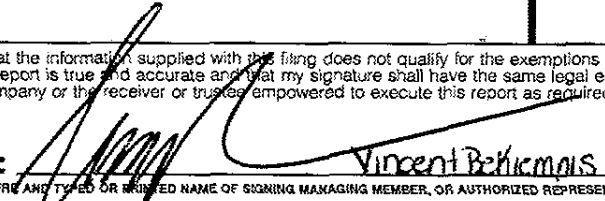
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEKIEMPIS, VINCENT 2901 WEST BUSCH BOULEVARD #901 TAMPA, FL 33618
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07/13/07-80003-016 55.00

**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 609, Florida Statutes.

SIGNATURE:  **Vincent Bekiempis** **6/9/07** **(813) 915-9777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #