

FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
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97 APR 21 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000001009**

HEDDON DEVELOPMENT OF POLK COUNTY, L.C.
POST OFFICE BOX 340
LAKE HAMILTON FL 33851

1a. Principal Place of Business Address

1025 NO. ALTERNATE 27
LAKE HAMILTON FL 33851

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/29/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		59-3352517	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/18/1996	SB 7- Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

HEDDON, WILL
1025 NO. ALTERNATE 27
LAKE HAMILTON FL 33851

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment)

(NOTE: Registered Agent signature required when reinstating)

Will Heddon

DATE

4/17/97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HEDDON, WILL	1025 NO. ALTERNATE 27	LAKE HAMILTON FL
MGRM	FEOLI, ADRIANO	1025 NO. ALTERNATE 27	LAKE HAMILTON FL

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A. Alaw
4/21/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Will Heddon

Date

4/17/97

Daytime Phone #

941-439-1904