
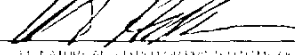


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS RECEIVED FEB 10 1999 MAY -3 AM 11:32 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 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 <div style="text-align: right; margin-top: 10px;"><i>94-AR CM</i></div> | | 1a. Principal Place of Business Address 1025 NO. ALTERNATE 27 LAKE HAMILTON FL 33851 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 12/29/1995 4. FEI Number 59-3352517 5. Date of Last Report 04/24/1998 | |
| | | | | 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 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/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL | | |
| | | | 400002871854-8 -05/11/99--01081--020 ***188.75 ***188.75 | | |
| 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 _____ | | | DATE _____ | | |
| <small>(Registered Agent Accepting Appointment) (Not Registered Agent's name to print above his name)</small> | | | | | |
| 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 | |

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:  Will Heddon 4/30/99 94-439-1904