


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000004276  
 1. Entity Name  
 HERITAGE ASSOCIATES, LLC



Principal Place of Business      Mailing Address  
 575 2ND AVENUE SOUTH      575 2ND AVENUE SOUTH  
 ST PETERSBURG, FL 33701      ST PETERSBURG, FL 33701



02102005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3587106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ANDERSON, STEPHENSON  
 575 2ND AVE. SOUTH  
 SAINT PETERSBURG, FL 33701

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSON, STEPHENSON 575 2ND AVE. SOUTH SAINT PETERSBURG, FL 33701
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 03/14/05-80031-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *[Signature]* Managing Member 3/8/05 (727) 897-9151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #