

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90192 019 \*\*\*\*50.00

**DOCUMENT # L99000004276**

1. Entity Name  
 HERITAGE ASSOCIATES, LLC



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

Mailing Address  
 575 2ND AVENUE SOUTH  
 ST PETERSBURG, FL 33701

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 59-3587106

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, STEPHENSON  
 575 2ND AVE. SOUTH  
 SAINT PETERSBURG, FL 33701

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

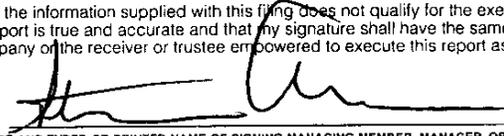
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS |                            |                                 | 10. ADDITIONS / CHANGES |  |                                                                   |
|--------------------------------|----------------------------|---------------------------------|-------------------------|--|-------------------------------------------------------------------|
| TITLE                          | MGRM                       | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           | ANDERSON, STEPHENSON       |                                 | NAME                    |  |                                                                   |
| STREET ADDRESS                 | 575 2ND AVE. SOUTH         |                                 | STREET ADDRESS          |  |                                                                   |
| CITY-ST-ZIP                    | SAINT PETERSBURG, FL 33701 |                                 | CITY-ST-ZIP             |  |                                                                   |
| TITLE                          |                            | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                            |                                 | NAME                    |  |                                                                   |
| STREET ADDRESS                 |                            |                                 | STREET ADDRESS          |  |                                                                   |
| CITY-ST-ZIP                    |                            |                                 | CITY-ST-ZIP             |  |                                                                   |
| TITLE                          |                            | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                            |                                 | NAME                    |  |                                                                   |
| STREET ADDRESS                 |                            |                                 | STREET ADDRESS          |  |                                                                   |
| CITY-ST-ZIP                    |                            |                                 | CITY-ST-ZIP             |  |                                                                   |
| TITLE                          |                            | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                            |                                 | NAME                    |  |                                                                   |
| STREET ADDRESS                 |                            |                                 | STREET ADDRESS          |  |                                                                   |
| CITY-ST-ZIP                    |                            |                                 | CITY-ST-ZIP             |  |                                                                   |
| TITLE                          |                            | <input type="checkbox"/> Delete | TITLE                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                           |                            |                                 | NAME                    |  |                                                                   |
| STREET ADDRESS                 |                            |                                 | STREET ADDRESS          |  |                                                                   |
| CITY-ST-ZIP                    |                            |                                 | CITY-ST-ZIP             |  |                                                                   |

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3/20/06 727-897-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #