


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L99000004276 1. Entity Name HERITAGE ASSOCIATES, LLC	
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Principal Place of Business 575 2ND AVENUE SOUTH ST PETERSBURG, FL 33701	Mailing Address 575 2ND AVENUE SOUTH ST PETERSBURG, FL 33701
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**DO NOT WRITE IN THIS SPACE**

	
01042007 No Chg-LLC	CR2E083 (11/05)
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, 2007**

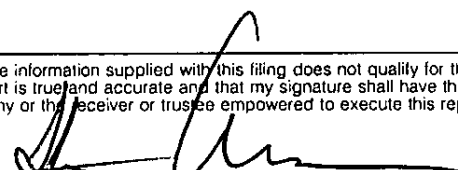
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANDERSON, STEPHENSON 575 2ND AVE. SOUTH SAINT PETERSBURG, FL 33701
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04/04/07-80020-003 50.00

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 608, Florida Statutes.

SIGNATURE:  Date: 3-7-07 Daytime Phone #: 727-897-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE