

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90009 020 ****50.00

DOCUMENT # M03000000418

1. Entity Name

**HERITAGE FIRST CAPITAL & EQUITY RESEARCH
GROUP, LLC**



Principal Place of Business

120 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746

Mailing Address

120 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746



2. Principal Place of Business

30 Skyline Drive

Suite, Apt. #, etc.

Suite 201

City & State

LAKE MARY, FLORIDA

Zip
32746

Country

USA

3. Mailing Address

30 Skyline Drive

Suite, Apt. #, etc.

Suite 201

City & State

LAKE MARY, FLORIDA

Zip

32746

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

59-3760472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT A-B GIBSON

**120 INTERNATIONAL PARKWAY, SUITE 220
HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name

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

30 Skyline Drive, Suite 201

City

LAKE MARY, FL

Zip Code

32746

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCOTT A-B GIBSON**
STREET ADDRESS **120 INTERNATIONAL PARKWAY, SUITE 220**
CITY - ST - ZIP **HEATHROW FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **30 Skyline Drive, Suite 201**
CITY - ST - ZIP **LAKE MARY, FLORIDA 32746**

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

SCOTT A-B GIBSON

3/20/06

Daytime Phone #

407.444.5959