


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 016 ****50.00

DOCUMENT # M04000001711 1. Entity Name HERITAGE DEVELOPMENT OF CENTRAL FLORIDA, LLC					
Principal Place of Business 8640 SW 212ND STREET, #108 MIAMI, FL 33189			Mailing Address 8640 SW 212ND STREET, #108 MIAMI, FL 33189		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0086004	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TURNER, GARY 2390 CATTLEMAN ROAD SARASOTA, FL 34232				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	Pres, Sec, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JEFFREY A			NAME	Gardner, Jeffrey Allen
STREET ADDRESS	422 EAST COUNTY ROAD			STREET ADDRESS	422 East County Road D
CITY-ST-ZIP	LITTLE CANADA, MN 55117			CITY-ST-ZIP	Little Canada, MN 55117
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	Exec VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBBS, EDWARD JOHN			NAME	Dodds, Edward John
STREET ADDRESS	422 EAST COUNTY ROAD			STREET ADDRESS	422 East County Road D
CITY-ST-ZIP	LITTLE CANADA, MN 55117			CITY-ST-ZIP	Little Canada, MN 55117
TITLE	<input type="checkbox"/> Delete			TITLE	Tres, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Dixon, Mark
STREET ADDRESS				STREET ADDRESS	422 East County Road D
CITY-ST-ZIP				CITY-ST-ZIP	Little Canada, MN 55117
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Jeffrey Allen Gardner <i>[Signature]</i> 4/25/06 651-481-0017					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					