


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90368 034 ****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
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2. Principal Place of Business - No P.O. Box # 2390 Cattleman Rd	3. Mailing Address 2390 Cattleman Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sarasota FL	City & State Sarasota FL
Zip 34232	Zip 34232
Country USA	Country USA

40113567



05072007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent TURNER, GARY 2390 CATTLEMAN ROAD SARASOTA, FL 34232	
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4. FEI Number 27-0086004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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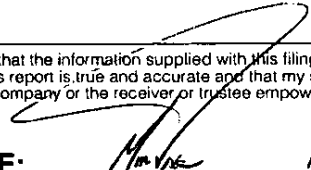
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GARDNER, JEFFREY A 422 EAST COUNTY ROAD LITTLE CANADA, MN 55117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP DOBBS, EDWARD JOHN 422 EAST COUNTY ROAD LITTLE CANADA, MN 55117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT DIXON, MARK 422 EAST COUNTRY RD D LITTLE CANADA, MN 55117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  MARK DIXON	5/8/07	6514810017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #