2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# M04000004325

Entity Name: HERITAGE FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

7264 COLUMBIA ROAD, SUITE 1000
MAINEVILLE, OH 45039

New Principal Place of Business:

Current Mailing Address:

7264 COLUMBIA ROAD, SUITE 1000
MAINEVILLE, OH 45039

New Mailing Address:

FEI Number: 20-0928803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRIFFOR, PATRICK
Address: 7264 COLUMBIA ROAD, SUITE 1000
City-St-Zip: MAINEVILLE, OH 45039

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: RUNNING BUFFALO RANC, H, LLC
Address: 7264 COLUMBIA RD. STE. 1000
City-St-Zip: MAINEVILLE, OH 45039

Title: MGRM ( ) Change (X) Addition
Name: BLYTHE, SEAN
Address: 7264 COLUMBIA RD. STE. 1000
City-St-Zip: MAINEVILLE, OH 45039

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICK S. GRIFFOR MGRM 04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date