

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002173

FILED  
May 06, 2008  
Secretary of State

**Entity Name:** HERITAGE LENDING & INVESTMENTS, LLC

**Current Principal Place of Business:**

2870 JOHNSON FERRY ROAD, SUITE 150  
MARIETTA, GA 30062

**New Principal Place of Business:**

**Current Mailing Address:**

2870 JOHNSON FERRY ROAD, SUITE 150  
MARIETTA, GA 30062

**New Mailing Address:**

**FEI Number:** 74-3099194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HENSLEY, MARCIA  
17701 NW 62ND AVE  
ALACHUA, FL 32615 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: MGR ( ) Delete  
Name: KIGHT, WILLIAM J JR  
Address: 2870 JOHNSON FERRY ROAD, SUITE 150  
City-St-Zip: MARIETTA, GA 30062

Title: MGR ( ) Delete  
Name: BAZZEL, WILLIAM F  
Address: 2870 JOHNSON FERRY ROAD, SUITE 150  
City-St-Zip: MARIETTA, GA 30062

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KIGHT, WILLIE J JR  
Address: 2870 JOHNSON FERRY ROAD, SUITE 150  
City-St-Zip: MARIETTA, GA 30062

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

I hereby certify that the information supplied with this filing does not qualify 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:** WILLIE J KIGHT JR

MGR

05/06/2008

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