2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# L08000113863

Entity Name: HERON SHORES REALTY, LLC

Current Principal Place of Business:

7401 WILES ROAD
SUITE #145
CORAL SPRINGS, FL 33067 US

New Principal Place of Business:

7401 WILES ROAD
SUITE #138
CORAL SPRINGS, FL 33067 US

Current Mailing Address:

7401 WILES ROAD
SUITE #145
CORAL SPRINGS, FL 33067 US

New Mailing Address:

7401 WILES ROAD
SUITE #138
CORAL SPRINGS, FL 33067 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUTLER, CHANDELINE
7401 WILES ROAD
SUITE #145
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

BUTLER, CHANDELINE
7401 WILES ROAD
SUITE #138
CORAL SPRINGS, FL 33067 US

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: 08/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: BUTLER, CHANDELINE
Address: 7401 WILES ROAD SUITE #145
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: BUTLER, CHANDELINE
Address: 7401 WILES ROAD SUITE 138
City-St-Zip: CORAL SPRINGS, FL 33067

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: CHANDELINE I BUTLER PRE 08/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date