

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000005585**

1. Entity Name

**BLUE HERON, L.L.C.**

Principal Place of Business

**2326 N. 37TH AVE.  
HOLLYWOOD FL 33021**

Mailing Address

**2326 N. 37TH AVE.  
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SICHERMAN, SONDR  
2326 N. 37TH AVE.  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **ELAINE SILVER**

Street Address (P.O. Box Number is Not Acceptable)

**2326 N. 37th Ave.**

City **Hollywood**

FL

Zip Code **33021**

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.

SIGNATURE **ELAINE SILVER**

*Elaine Silver*

**8/17/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By September 26, 2001**

**9000004552929--5**

**-08/23/01--01079--012**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **member** ☐ Delete  
NAME **ELAINE SILVER**  
STREET ADDRESS **2326 N. 37th Ave.**  
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE **member** ☐ Delete  
NAME **SONDRA SICHERMAN**  
STREET ADDRESS **2326 N 37th Ave**  
CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **ELAINE SILVER** *Elaine Silver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/17/01**

Date

**854-987-1809**

Daytime Phone #

CR2E083 (5/01)

FILED

01 AUG 20 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE