

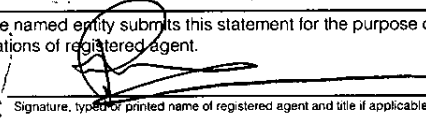
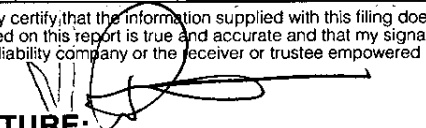


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90283 009 \*\*\*\*50.00

DOCUMENT # L00000011508					
1. Entity Name <b>SANCTUARY BLUE HERON, LLC</b>					
Principal Place of Business 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433			Mailing Address 7025 BERACASA WAY, STE. 107 BOCA RATON, FL 33433		
2. Principal Place of Business <b>7284 W. Palmetto Park Rd</b> Suite, Apt. #, etc. <b>Ste # 106</b>		3. Mailing Address <b>7284 W. Palmetto Park Rd</b> Suite, Apt. #, etc. <b>Ste # 106</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		04012004 Chg-LLC CR2E083 (10/03)	
Zip <b>33433</b>		Country <b>USA</b>		4. FEI Number <b>65-1106993</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>KODSI &amp; EISENSTEIN, P.A.</b> <b>701 W. CYPRESS CREEK RD., STE. 302</b> <b>FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name <b>Daniel A. Kaskel, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7284 W. Palmetto Park Rd - Ste 108</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33433</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4-12-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>BERDUGO, ELIE</b> <b>7025 BERACASA WAY</b> <b>BOCA RATON, FL 33433</b>			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
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4-12-04</b> Daytime Phone # <b>561 395 6868</b>	