

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90116 002 ****55.00

DOCUMENT # L00000013814

1. Entity Name

HERITAGE PARK RETIREMENT COMMUNITIES, LLC



Principal Place of Business

Mailing Address

5856 HERITAGE PARK WAY
DELRAY BEACH FL 33484

5856 HERITAGE PARK WAY
DELRAY BEACH FL 33484

640067J1



MOORE

CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

5861 Heritage Parkway
Suite, Apt. #, etc.

5861 Heritage Park Way
Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

4. FEI Number

65-1056436

Applied For

Not Applicable

Zip

Country

Zip

33484

Country

Palm Beach

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEMEL, ROBERT G
5861 HERITAGE PARK WAY
DELRAY BEACH FL 33484

Name

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

5861 Heritage Park Way

City

Delray Beach

FL

Zip Code

33484

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:

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SCHEMEL, ROBERT G
STREET ADDRESS 5861 HERITAGE PARK WAY
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete

TITLE
NAME
STREET ADDRESS 5861 Heritage Park Way
CITY-ST-ZIP Delray Beach FL 33484

☒ Change ☐ Addition

TITLE
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☐ Change ☐ 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:

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

Date

Daytime Phone #

Robert G. Schemel 4/27/04 561-496-4440