2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002726

1. Entity Name
HERITAGE GREENS APARTMENTS, LLC

Principal Place of Business	Mailing Address
8445 SPRINGTREE DR SUNRISE, FL 33351	8445 SPRINGTREE DR SUNRISE, FL 33351

%B,-,,,,,,3.29&

04292004 No Chg - LLC CR2E053 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARDELEAN, CONSTANTIN
8445 SPRINGTREE DR
SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

100000160061
05/13/04-80005-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRP
NAME	ARDELEAN, CONSTANTIN
STREET ADDRESS	8445 SPRINGTREE DR
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	MGR
NAME	ARDELEAN, SORIN
STREET ADDRESS	2501 NE 18TH STR
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 605, Florida Statutes.

SIGNATURE: Constantin Ardelean 05/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #