

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90087 036 *****55.00

DOCUMENT # L01000016889

1. Entity Name

HERITAGE PARK EAST, LLC



Principal Place of Business

14555 SIMS ROAD
DELRAY BEACH FL 33484
US

Mailing Address

~~14555 SIMS ROAD~~
DELRAY BEACH FL 33484
US

2. Principal Place of Business

3. Mailing Address

5861 Heritage Park Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

Zip

Country

Zip

Country

33484

Palm Beach

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

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 MGRM ☐ Delete
NAME HERITAGE PARK RETIREMENT COMMUNITIES, LLC
STREET ADDRESS 5861 HERITAGE PARK WAY
CITY-ST-ZIP DELRAY BEACH FL 33484

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

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