

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90040 036 ****50.00

DOCUMENT # L02000005615

1. Entity Name

HEILIG PROPERTIES, L.L.C.



Principal Place of Business

**TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180**

Mailing Address

**TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180**

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

**SERBER, DANIEL J ESQ.
TURNBERRY PLAZA, SUITE 801
2875 N.E. 191ST STREET
AVENTURA FL 33180**

4. FEI Number

020675526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **ZEDEKA STRATEGIES LIMITED, A GIBRALTAR COM**
STREET ADDRESS **57/63 LINE WALL ROAD**
CITY-ST-ZIP **GILBRALTAR**

TITLE **MGRM**
NAME **LINE NOMINEES LIMITED, A GIBRALTAR COMPANY**
STREET ADDRESS **57/63 LINE WALL ROAD**
CITY-ST-ZIP **GILBRALTAR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **James LASHY**
STREET ADDRESS **57/63 LINE WALL ROAD**
CITY-ST-ZIP **Gilbraltar**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

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

Date

Daytime Phone #

12-02-2003 011-350-75000

CR2E083 (10/02)