2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011147

1. Entity Name

1ST HERITAGE REALTY LLC.



FILED Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90301 030 ****50.00

TO THE WINGE THE ELECTION OF THE PROPERTY OF T					
Principal Place of Business 21234 MARINER PLAZA LUTZ FL 33549		Mailing Address 21234 MARINER PLAZA LUTZ FL 33549			
2 Principal F	Place of Business	3. Mailing Address			
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Registered Agent
127	HAN, ANDY 10 CEDAR RIDGE DR. DSON FL 34669		Street Ac	dress (I	(P.O. Box Number is Not Acceptable)
			City	-	FL Zip Code
	named entity submits this stateme ions of registered agent.	nt for the purpose of changing its	registered office or	registere	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agent signatu	re required	od when reinstating) DATE
		Make Check Payab	OW!!! FEE IS \$5 le to Florida Dep e By May 1, 2003	artmer	ent of State
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC Ar	GRM Change Addition NDY LINIHAN TIO CEDAR RIDGE DR UDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	.: _TITLE		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS (CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11. I hereby o	ertify that the information supplied	with this filing does not qualify for	the exemption state	ed in Sec	ection 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 requiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR WATER

83-969-5535