



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90207 036 ****50.00

DOCUMENT # L02000017779 1. Entity Name BLUE HERON, L.L.C.					
Principal Place of Business 3870 TAMPA ROAD, STE. D OLDSMAR, FL 34677-3120				Mailing Address 3870 TAMPA ROAD, STE. D OLDSMAR, FL 34677-3120	
2. Principal Place of Business 105 DUNBAR AVE Suite, Apt. #, etc. SUITE D City & State OLDSMAR FL Zip 34677		3. Mailing Address 105 DUNBAR AVE Suite, Apt. #, etc. SUITE D City & State OLDSMAR FL Zip 34677			
4. FEI Number 33-1013237				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01072004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEAKLEY, DALE E 3870 TAMPA ROAD, STE. D OLDSMAR, FL 346773120 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 DUNBAR AVE, STE D OLDSMAR FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEAKLEY, KENT 3870 TAMPA ROAD, STE. D OLDSMAR, FL 346773120 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P O BOX 1781 WHITE SALMON WA 98672
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dale E Bleakley</u> DALE E BLEAKLEY 813 855-5704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					