


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90072 025 ***138.75

DOCUMENT # L02000017779 1. Entity Name BLUE HERON, L.L.C.					
Principal Place of Business 3870 TAMPA RD STE E OLDSMAR, FL 34677			Mailing Address 3870 TAMPA RD STE E OLDSMAR, FL 34677		
2. Principal Place of Business - No P.O. Box # 1730 S. PINELLAS AVE		3. Mailing Address 1730 S. PINELLAS AVE.			
Suite, Apt. #, etc. SUITE N		Suite, Apt. #, etc. SUITE N			
City & State TARPON SPRINGS FL		City & State TARPON SPRINGS FL			
Zip 34689		Country		Zip 34689	
Country		Country			
6. Name and Address of Current Registered Agent BLEAKLEY, DALE E 3870 TAMPA RD SUITE E OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1730 S. PINELLAS AVE SUITE N City TARPON SPRINGS FL Zip Code 34689	
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 <u>DALE E. BLEAKLEY</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! - FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				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 RD, STE E OLDSMAR, FL 34677		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1730 S. PINELLAS AVE. SUITE N TARPON SPRINGS FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEAKLEY, KENT P.O. BOX 1781 WHITE SALMON, WA 98672		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	
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 exemptions contained in Chapter 119, 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: <u>4/1/2008</u> <small>Date</small>		DAYTIME PHONE: <u>727-942-0404</u> <small>Daytime Phone #</small>