


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**


**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90196 038 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L02000022757</b><br>1. Entity Name<br>HERO PROPERTIES, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>5044 CASPIAN COURT<br>ORLANDO, FL 32819-3325 ✓ | Mailing Address<br>5044 CASPIAN COURT<br>ORLANDO, FL 32819-3325 ✓ |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-LLC CR2E083 (10/03)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>22-3871907  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

LANE, PAUL CAMP  
5301 CONROY ROAD, SUITE 140 ← *WRONG ADDRESS*  
ORLANDO, FL 32811

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IN THIS SPACE**

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**

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>CAMPBELL, CORY LYNN ← <i>WRONG ADDRESS</i><br>5301 CONROY ROAD, SUITE 140<br>ORLANDO, FL 32811 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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IN THIS SPACE**

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:** *Cory Campbell* **Feb. 20/04** 407 808 2372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #