

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-26-2004 90136 033 ****55.00

DOCUMENT # L03000006678

1. Entity Name
HERON POND APARTMENTS II, LLC



Principal Place of Business
2937 S.W. 27TH AVE., STE. 303
COCONUT GROVE, FL 33133

Mailing Address
2937 S.W. 27TH AVE., STE. 303
COCONUT GROVE, FL 33133

34009966

2. Principal Place of Business
2950 SW 27 AVE

3. Mailing Address
2950 SW 27 AVE

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
COCONUT GROVE FL

City & State
COCONUT GROVE FL

Zip
33133

Country
USA

Zip
33133

Country
USA

07052004 Chg-LLC CR2ED83 (10/03)

4. FEI Number
65-1174493

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
150 WEST FLAGLER ST., STE. 2200
MIAMI, FL 33130

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's signature required when necessary)

DATE

Filing Fee is \$55.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MEMBER	LLOYD J BOBBIO	2950 SW 27 AVE 200	MIAMI, FL 33133	☐
MEMBER	BRUCE GREER	2950 SW 27 AVE 200	MIAMI, FL 33133	☒
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
MEMBER	LLOYD J BOBBIO	2950 SW 27 AVE #200	MIAMI, FL 33133	☒
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change ☐ Addition</td>	CITY-ST-ZIP	☐ Change ☐ Addition
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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 person or persons empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

LLOYD J BOBBIO

Date

8-1-04

305-476-8117

Corporate Phone #