## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEMENT

## Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90205 012 \*\*\*\*55.00 DOCUMENT # L03000006678 1. Entity Name HERON POND APARTMENTS II, LLC Principal Place of Business Mailing Address 2950 SW 27TH AVE 2950 SW 27TH AVE 200 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E083 (12/06) Chq-LLC City & State City & State Applied For 4. FEI Number 65-1174493 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER ST., STE. 2200 MIAMI, FL 33130 City 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 signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE TITLE ☐ Addition ☐ Delete П Спапое NAME BOGGIO, LLOYD J STREET ADDRESS 2950 SW 27TH AVE #200Q STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling indicated on this report is true and accorate and that rify slimited liability company or the receiver or trustee empower. does no qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the red to execute this report as required by Chapter 608, Florida Statutes.

R. MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**