

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR -8 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044873

1. Entity Name
HERON PROPERTIES, LLC



Principal Place of Business
13321 BOCA CIEGA AVE
MADEIRA BEACH, FL 33708

Mailing Address
P.O. BOX 8262
MADEIRA BEACH, FL 33738



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHNS, GEORGE W
13321 BOCA CIEGA AVE
MADEIRA BEACH, FL 33708

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 signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MOHNS, GEORGE W
STREET ADDRESS 13321 BOCA CIEGA AVE
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE ☐ Change ☐ Addition
NAME 400054110344
STREET ADDRESS 05/09/05--01065--014 **50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MOHNS, JUNE L
STREET ADDRESS 13321 BOCA CIEGA AVE
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 June L. Mohns June L. Mohns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/05 727-395-9751
Date Daytime Phone #