

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-23-2005 90377 034 ****50.00

DOCUMENT # L04000084750 1. Entity Name HEAVENLY PROPERTIES, L.L.C.					
Principal Place of Business 5435 SEA BISCUIT ROAD PALM BEACH GARDENS, FL 33418			Mailing Address 5435 SEA BISCUIT ROAD PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0642778	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TERMOTTO, JOHN 5435 SEA BISCUIT ROAD PALM BEACH GARDENS, FL 33418				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 _____ DATE _____ (Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-filing))					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERMOTTO, JOHN 5435 SEA BISCUIT ROAD PALM BEACH GARDENS, FL 33418 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERMOTTO, AMANDA 5435 SEA BISCUIT ROAD PALM BEACH GARDENS, FL 33418 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PONCY, RICHARD 200 S. HAMPTON DRIVE JUPITOR, FL 33458 ☐ 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					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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: 5-1-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					