



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90051 023 \*\*\*\*55.00

<b>DOCUMENT # L04000088089</b>					
<b>1. Entity Name</b> HEFFERNAN PROPERTIES, LLC					
<b>Principal Place of Business</b> 1121 HOLLAND DRIVE, BLDG. 32 BOCA RATON, FL 33446			<b>Mailing Address</b> 1121 HOLLAND DRIVE, BLDG. 32 BOCA RATON, FL 33446		
<b>2. Principal Place of Business</b> 7102 FRANCISCO BEND DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7102 FRANCISCO BEND DR Suite, Apt. #, etc.			
<b>City &amp; State</b> DELRAY BEACH FL		<b>City &amp; State</b> DELRAY BEACH FL		<b>4. FEI Number</b> 20-1946918	
<b>Zip</b> 33446		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HEFFERNAN, THOMAS 7102 FRANCISCO BEND DRIVE DELRAY BEACH, FL 33446				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE <u>THOMAS HEFFERNAN - Thomas Heffernan</u> DATE <u>4-1-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM HEFFERNAN, THOMAS 7102 FRANCISCO BEND DRIVE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM HEFFERNAN, JUDITH 7102 FRANCISCO BEND DRIVE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>THOMAS HEFFERNAN - Thomas Heffernan</u>				DATE <u>4-1-05</u> DAYTIME PHONE # <u>561-572-2102</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					