2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088089

1. Entity Name
HEFFERNAN PROPERTIES, LLC

Principal Place of Business	Mailing Address
7102 FRANCISCO BAEN DR BOCA RATON, FL 33446	7102 FRANCISCO BAEN DR BOCA RATON, FL 33446

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1946918	Not Applicable

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

6. Name and Address of Current Registered Agent

HEFFERNAN, THOMAS
7102 FRANCISCO BEND DRIVE
DELRAY BEACH, FL 33446

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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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HEFFERNAN, THOMAS
STREET ADDRESS	7102 FRANCISCO BEND DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	HEFFERNAN, JUDITH
STREET ADDRESS	7102 FRANCISCO BEND DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   1-18-07   561-572-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #