

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000088089

1. Entity Name
HEFFERNAN PROPERTIES, LLC



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

Mailing Address
**7102 FRANCISCO BAEN DR
BOCA RATON, FL 33446**

DO NOT WRITE IN THIS SPACE



02212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1946918

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000898669
04/28/08-80006-010 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEFFERNAN, THOMAS
7102 FRANCISCO BEND DRIVE
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEFFERNAN, JUDITH
7102 FRANCISCO BEND DRIVE
DELRAY BEACH, FL 33446**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APR 10-2008 561-572-2102