

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061817

FILED
May 02, 2007
Secretary of State

Entity Name: HEREYUGO PROPERTIES I, LLC

Current Principal Place of Business:

9080 58TH DRIVE EAST
200
BRADENTON, FL 34202

New Principal Place of Business:

4909 MANATEE AVE. W.
BRADENTON, FL 34209

Current Mailing Address:

9080 58TH DRIVE EAST
200
BRADENTON, FL 34202

New Mailing Address:

4909 MANATEE AVE. W.
BRADENTON, FL 34209

FEI Number: 20-4560079 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

WYCKOFF LAW FIRM, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209 US

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.

SIGNATURE: MICHAEL D. WYCKOFF

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WYCKOFF, MICHAEL D
Address: 9080 58TH DR. E, STE. 200
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WYCKOFF, MICHAEL D
Address: 4909 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL D. WYCKOFF

PDT

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date