


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L05000077379 1. Entity Name BLUE HERON PARK HOMEOWNERS ASSOCIATION, LLC |  |
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|---|---|
| Principal Place of Business ONE DALE MABRY SUITE 1000 TAMPA, FL 33609 | Mailing Address ONE DALE MABRY SUITE 1000 TAMPA, FL 33609 |
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DO NOT WRITE IN THIS SPACE



03132007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-3260895 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent DARREY, SR, JEFFREY A ONE DALE MABRY SUITE 1000 TAMPA, FL 33609 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DARREY, SR, JEFFREY A ONE NORTH DALE MABRY, SUITE 1000 TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DARREY, JR, JEFFREY A 17814 SIMMS ROAD ODESSA, FL 33556 |
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**DO NOT WRITE
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U00000685829
04/05/07-80021-012-50.00

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:    | Date _____ | Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |