

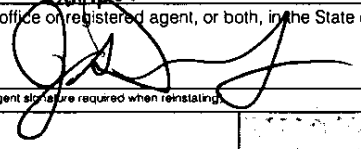
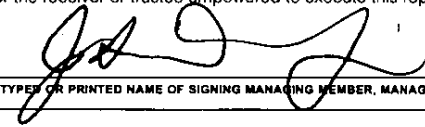


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90221 036 ***138.75

DOCUMENT # L05000077379					
1. Entity Name BLUE HERON PARK HOMEOWNERS ASSOCIATION, LLC					
Principal Place of Business 3902 NOTH MARGUERITE ST. TAMPA, FL 33603			Mailing Address 3902 NOTH MARGUERITE ST. TAMPA, FL 33603		
2. Principal Place of Business - No P.O. Box # 3902 North Marguerite St.		3. Mailing Address 3902 North Marguerite Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212008 Chg-LLC CR2E083 (12/06)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-3260895	
Zip 33603		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DARREY, SR, JEFFREY A ONE DALE MABRY SUITE 1000 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name: Darrey Sr., Jeffrey A Street Address (P.O. Box Number is Not Acceptable): 3902 North Marguerite Street City: Tampa FL Zip Code: 33603		
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:  DATE: 4/2/08					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME DARREY, SR, JEFFREY A STREET ADDRESS 3902 NOTH MARGUERITE ST. CITY-ST-ZIP TAMPA, FL 33603	<input type="checkbox"/> Delete		TITLE MGR NAME Darrey, Sr., Jeffrey A. STREET ADDRESS 3902 North Marguerite Street CITY-ST-ZIP Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME DARREY, JR, JEFFREY A STREET ADDRESS 3902 NOTH MARGUERITE ST. CITY-ST-ZIP TAMPA, FL 33603	<input type="checkbox"/> Delete		TITLE MGR NAME Darrey, Jr., Jeffrey A. STREET ADDRESS 3902 North Marguerite Street CITY-ST-ZIP Tampa, FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4/2/08 DAYTIME PHONE: 813-310-0585					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					