2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000111209

Entity Name: HERON LAKES CENTER LLC

Current Principal Place of Business:

1820 N. CORPORATE LAKES BLVD
SUITE 301
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 N. CORPORATE LAKES BLVD
SUITE 301
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-4181450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, MARIO
1820 N. CORPORATE LAKES BLVD
SUITE 301
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MM	( ) Delete
Name:	HERNANDEZ, MARIO MM	
Address:	1820 N. CORPORATE LAKES BLVD SUITE 301	
City-St-Zip:	WESTON, FL 33326 BR	
Title:	MM	( ) Delete
Name:	ORTIZ, DAVID	
Address:	1820 N. CORPORATE LAKES BLVD SUITE 301	
City-St-Zip:	WESTON, FL 33326	
Title:	MM	( ) Delete
Name:	BERNAL, LUCIO	
Address:	1820 N. CORPORATE LAKES BLVD SUITE 301	
City-St-Zip:	WESTON, FL 33326	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MARIO HERNANDEZ MM 04/28/2009

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