

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023964

FILED
Jan 07, 2007
Secretary of State

Entity Name: HERON BAY PARTNERS, LLC

Current Principal Place of Business:

5944 CORAL RIDGE DRIVE,
SUITE 145
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5944 CORAL RIDGE DRIVE,
SUITE 145
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-4450196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, NICHOLAS M
110 E. BROWARD BLVD.
SUITE 1700
FT. LAUDERDALE, FL 33301 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: MGR () Delete
Name: BANKS, NICHOLAS M
Address: 110 E. BROWARD BLVD., SUITE 1700
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR () Delete
Name: FLEISHER, STEPHEN M
Address: 5944 CORAL RIDGE DRIVE, #145
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: FLEISHER, KENNETH G
Address: 6407 S. HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

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 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: STEPHEN M. FLEISHER

MGR

01/07/2007

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