

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064822

FILED
Mar 20, 2009
Secretary of State

Entity Name: BLUE HERON HOME MANAGEMENT L.L.C.

Current Principal Place of Business:

14810 INGRAHAM BLVD
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

Current Mailing Address:

14810 INGRAHAM BLVD
PORT CHARLOTTE, FL 33981

New Mailing Address:

FEI Number: 20-5076933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFIERI, LOUIS M
14810 INGRAHAM BLVD
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

LMA SURGICAL INSTRUMENTS LLC
14810 INGRAHAM BLVD
PORT CHARLOTTE, FL 33981 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: LOUIS M ALFIERI

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALFIERI, LOUIS M
Address: 14810 INGRAHAM BLVD
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGMR (X) Delete
Name: ALFIERI, RITA
Address: 14810 INGRAHAM BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES:

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: LOUIS M ALFIERI

MGRM

03/20/2009

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