

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000005357

**FILED**  
**Jun 22, 2009**  
**Secretary of State**

**Entity Name:** HIGGINS REALTY ASSOCIATES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

429 MAPLE BLUFF CIRCLE  
MELBOURNE, FL 32940 BR

**New Principal Place of Business:**

**Current Mailing Address:**

429 MAPLE BLUFF CIRCLE  
MELBOURNE, FL 32940 BR

**New Mailing Address:**

FEI Number: 68-0670597      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLEMING, DONALD MR.  
1218 MIRA VISTA LANE  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

HIGGINS, WILLIAM MR.  
429 MAPLE BLUFF CIRCLE  
MELBOURNE, FL 32940 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: WILLIAM L. HIGGINS

06/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR. ( ) Delete  
Name: HIGGINS, WILLIAM L MR.  
Address: 429 MAPLE BLUFF CIRCLE  
City-St-Zip: MELBOURNE, FL 32940 BR

**ADDITIONS/CHANGES:**

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: WILLIAM L. HIGGINS

MGR

06/22/2009

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