

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000056

1. Entity Name

HERITAGE SQUARE REAL ESTATE LLC



Principal Place of Business

540 INLET DR.
MARCO ISLAND FL 34145

Mailing Address

540 INLET DR.
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E083 (11/03)

4. FEI Number

65-0685302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGDALENER, JOSEF
540 INLET DRIVE
MARCO ISLAND FL 34145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MAGDALENER, JOSEF
STREET ADDRESS 540 INLET DRIVE
CITY - ST - ZIP MARCO ISLAND FL 34145

TITLE MGRM ☐ Delete
NAME MAGDALENER, LOUISA
STREET ADDRESS 540 INLET DRIVE
CITY - ST - ZIP MARCO ISLAND FL 34145

TITLE MGRM ☐ Delete
NAME SCHMALZ, OTTO
STREET ADDRESS 840 SO. COLLIER BLVD., UNIT #1401
CITY - ST - ZIP MARCO ISLAND FL 34145

TITLE MGRM ☐ Delete
NAME SCHMALZ, AMANDA
STREET ADDRESS 840 SO. COLLIER BLVD., UNIT 1401
CITY - ST - ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
000000024860
02/02/04-80083-006 \$0.00

☐ Change ☐ Addition
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Josef Magdalener, President

1-27-04 (239)641-1610