

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 22, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0685302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MAGDALENER, JOSEF 540 INLET DRIVE MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MAGDALENER, LOUISA 540 INLET DRIVE MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHMALZ, OTTO 840 SO. COLLIER BLVD., UNIT #1401 MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHMALZ, AMANDA 840 SO. COLLIER BLVD., UNIT 1401 MARCO ISLAND FL 34145	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000595293 01/23/07-80032-023 50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-20-07

(239) 641-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #