

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000056

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: HERITAGE SQUARE REAL ESTATE LLC

**Current Principal Place of Business:**

540 INLET DR.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

540 INLET DR.  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 65-0685302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAGDALENER, JOSEF  
540 INLET DRIVE  
MARCO ISLAND, FL 34145 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: MGRM ( ) Delete  
Name: MAGDALENER, JOSEF  
Address: 540 INLET DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete  
Name: MAGDALENER, LOUISA  
Address: 540 INLET DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete  
Name: SCHMALZ, OTTO  
Address: 840 SO. COLLIER BLVD., UNIT #1401  
City-St-Zip: MARCO ISLAND, FL 34145

Title: MGRM ( ) Delete  
Name: SCHMALZ, AMANDA  
Address: 840 SO. COLLIER BLVD., UNIT 1401  
City-St-Zip: MARCO ISLAND, FL 34145

**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:

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: JOSEF MAGDALENER

MGRM

01/07/2009

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