

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L96000001181

FILED
Apr 28, 2003
Secretary of State

Entity Name: HERON'S COVE, L.C.

Current Principal Place of Business:

1625 WEST MARION AVE. STE 2
PUNTA GORDA, FL 33950

New Principal Place of Business:

1107 WEST MARION AVE. STE 112
PUNTA GORDA, FL 33950

Current Mailing Address:

1625 WEST MARION AVE. STE 2
PUNTA GORDA, FL 33950

New Mailing Address:

1107 WEST MARION AVE. STE 112
PUNTA GORDA, FL 33950

FEI Number: 65-0750536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JAMES E III
1625 WEST MARION AVE. STE 2
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MOORE, JAMES E III
1107 WEST MARION AVE. STE 112
PUNTA GORDA, FL 33950 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:

04/28/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEHEER, W H
Address: ROSENDAALSELAAN 30,6891 DG ROSENDAAL
City-St-Zip: THE NETHERLANDS,

Title: MGRM () Delete
Name: MORET, FRANS H
Address: 31126 PRAIRIE CREEK DRIVE
City-St-Zip: PUNTA GORDA, FL 33949

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 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 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: FRANS H. MORET

MGNR

04/28/2003

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