

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000612

Entity Name: HEITZ PARSONS SADEK, LC

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

400 CLEMATIS ST.  
SUITE 203  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

400 CLEMATIS ST.  
SUITE 203  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 65-0835731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SADEK, AIMAN  
400 CLEMATIS ST.  
SUITE 203  
WEST PALM BEACH, FL 33401 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: PARSONS, DAVID  
Address: 400 CLEMATIS ST.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete  
Name: SADEK, AIMAN  
Address: 400 CLEMATIS ST.  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete  
Name: HEITZ, JEAN-PHILIPPE  
Address: 400 CLEMATIS ST.  
City-St-Zip: WEST PALM BEACH, FL 33401

## 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:

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: AIMAN E SADEK

MNGR

01/08/2009

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