## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **ANNUAL REPORT** FILED DOCUMENT # L98000003344 Jan 16, 2004 08:00 AM 1. Entity Name **Secretary of State** HERNDON VILLAGE ASSOCIATES, L.L.C. Principal Place of Business Mailing Address 231 ₩EST PARK AVENUE 231 WEST PARK AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 01072004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3551347 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLARD, MICHAEL A DO NOT WRITE 231 WEST PARK AVENUE WINTER PARK, FL 32789 IN THIS SPACE 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, typod or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when re instating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM COLLARD, MICHAEL A NAME 231 WEST PARK AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 UQ00Q000G838 01/16/04-80053-001 50.00 NAME STREET ADDRESS CITY-ST-ZiP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP