2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003344

1. Entity Name

HERNDON VILLAGE ASSOCIATES, L.L.C.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90226 015 ****50.00

 			GOD WE T		
Principal P	lace of Business	Mailing Address			
231 WEST PARK AVENUE WINTER PARK FL 32789 2. Principal Place of Business		231 WEST PARK AVENUE WINTER PARK FL 32789		~~~~~	
		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3551347 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional	
	6. Name and Address of Currer	ot Registered Agent		Fee Required	
CO	LLARD, MICHAEL A	- Neglotolog Agent	Name	7. Name and Address of New Registered Agent	
	I WEST PARK AVENUE NTER PARK FL 32789		Street Addr	ress (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
the obliga	e named entity submits this statement f ations of registered agent	or the purpose of changing its i	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accep	
SIGNATURE					
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE	
			W!!! FEE IS \$50.		
		Make Check Payable	to Florida Depart	tment of State	
9.		Due	By May 1, 2003		
TITLE	MANAGING MEMBE		10.	ADDITIONS/CHANGES	
NAME	COLLARD, MICHAEL A	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS	231 WEST PARK AVENUE		STREET ADDRESS		
City-ST-ZIP	WINTER PARK FL 32789	_	CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	·		NAME	☐ Change ☐ Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	and the state of the second of the second se	
NAME		□ Delete	NAME	☐ Change ☐ Addition	
STREET ADDRESS City-St-Zip			STREET ADDRESS		
TITLE			CITY-ST-ZIP		
AME		☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			NAME Street adoress		
CITY-ST-ZIP			CITY-ST-ZIP		
TTLE		☐ Delete	TITLE	☐ Change ☐ Addition	
TREET ADDRESS			NAME	☐ Change ☐ Addition	
ITY-ST-ZIP			STREET ADDRESS		
TLE		☐ Delete	CITY-ST-ZIP		
AME		← Delete	TITLE NAME	☐ Change ☐ Addition	
TREET ADDRESS			STREET ADDRESS		
TY-ST-ZIP			DITY OF THE		

11. I hereby certify that the information supplies 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 receiptor trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

599-4444