

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED 101
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # M04000002597

1. Entity Name
HERITAGE HARBOUR APARTMENTS, LLC



Principal Place of Business

C/O THE BAINBRIDGE COMPANIES
12791 W. FOREST HILL BOULEVARD, STE. 5B
WELLINGTON, FL 33414

Mailing Address

C/O THE BAINBRIDGE COMPANIES
12791 W. FOREST HILL BOULEVARD, STE. 5B
WELLINGTON, FL 33414



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1702832

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A P.A.
7777 GLADES ROAD, STE. 300
BOCA RATON, FL 33434

**DO NOT WRITE
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BAINBRIDGE HERITAGE HARBOUR, LTD.
STREET ADDRESS	12791 W. FOREST HILL BOULEVARD, STE. 5B
CITY - ST - ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

U00000752240
05/21/07-80008-014 \$5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Thomas J Keady

4/24/07

561-333-3669

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

Date

Daytime Phone #