2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015209

1. Entity Name

HERON HARBOR RESTAURANT, LLC

Principal Place of Business   Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
630 GRAND BLVD.	630 GRAND BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
SUITE 100	SUITE 100	
City & State	City & State	
DESTIN, FL.	DESTIN, FL.	

Zip	Country	Zip	Country
32550	USA	32550	USA

4. FEI Number   ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
	Name: KEITH HOWARD
	Street Address (P.O. Box Number is Not Acceptable): 630 GRAND BLVD., SUITE 100
	City: DESTIN FL Zip Code: 32550

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

900004218879--8
-05/15/01--01143--021
*****50.00   *****50.00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		**10.** ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE MANAGING MEMBER / NAME KEITH HOWARD / STREET ADDRESS 630 GRAND BLVD. SUITE 100 / CITY-ST-ZIP DESTIN, FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01   Date

334-343-7925   Daytime Phone #