


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003600 1. Entity Name HERRING PROPERTIES, LLC	
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Principal Place of Business P.O. BOX 985 OLD TOWN, FL 32680	Mailing Address P.O. BOX 985 OLD TOWN, FL 32680
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05082006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3718360	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LICHFIELD, LOIS HIGHWAY 19 SOUTH OLD TOWN, FL 32680
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00
Due by September 6, 2006

100075221871
05/25/06--01011--004 **1411.25

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERRING, H DALE PO BOX 985 OLD TOWN, FL 32680
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DO NOT WRITE IN THIS SPACE

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: 	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		

5/24/06