


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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DO NOT WRITE IN THIS SPACE



05082006No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

LICHFIELD, LOIS
HIGHWAY 19 SOUTH
OLD TOWN, FL 32680

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**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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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

5/24
ab