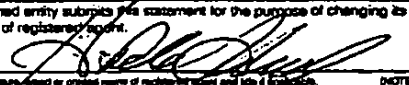


FILED
Jun 30, 2008 8:00 am
Secretary of State

05-09-2008 90063 023 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000003600		
1. Entity Name HERRING PROPERTIES, LLC		
Principal Place of Business PO BOX 985 522 S.E. 897th St. OLD TOWN, FL 32680		Mailing Address P.O. BOX 985 OLD TOWN, FL 32680
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent Kimberly C Herring PO BOX 985 522 S.E. 897th St OLD TOWN, FL 32680		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  DATE _____ Signature of registered agent or person authorized to act as registered agent. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERRING, H DALE PO BOX 985 OLD TOWN, FL 32680	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Herring, Kimberly C Po Box 985 Old Town, FL 32680	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes.		
SIGNATURE:  6-2-08 SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		