


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000010305</b>	
1. Entity Name <b>HERON'S FOREST TREE FARM, L.L.C.</b>	

Principal Place of Business <b>17 SOUTH PALAFOX PLACE, STE. 394 PENSACOLA, FL 32501</b>	Mailing Address <b>17 SOUTH PALAFOX PLACE, STE. 394 PENSACOLA, FL 32501</b>
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3731533</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WALTON, GARRETT W 17 SOUTH PALAFOX PLACE, STE. 394 PENSACOLA, FL 32501</b>
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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)

Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALTON, GARRETT 371 WOODBINE DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALTON, CATHERINE 371 WOODBINE DR PENSACOLA, FL 32503
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04/12/04-89056-016 50.00

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:** Garrett W Walton 4-7-04 850.434.5330

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