


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010305 1. Entity Name HERON'S FOREST TREE FARM, L.L.C.		
Principal Place of Business 17 SOUTH PALAFOX PLACE, STE. 394 PENSACOLA, FL 32501	Mailing Address 17 SOUTH PALAFOX PLACE, STE. 394 PENSACOLA, FL 32501	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WALTON, GARRETT W 17 SOUTH PALAFOX PLACE, STE. 394 PENSACOLA, FL 32501		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 (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
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	
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 608, Florida Statutes.		
SIGNATURE: <u>Garrett W Walton</u> 4-12-06 850-434-5330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04042006No Chg-LLC

CR2E083 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**