

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90043 030 ****50.00

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**



04052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731533

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------|
| TITLE | MGR |
| NAME | WALTON, GARRETT |
| STREET ADDRESS | 371 WOODBINE DR |
| CITY-ST-ZIP | PENSACOLA, FL 32503 |
| TITLE | MGR |
| NAME | WALTON, CATHERINE |
| STREET ADDRESS | 371 WOODBINE DR |
| CITY-ST-ZIP | PENSACOLA, FL 32503 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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: *Garrett W. Walton* **4-10-07 850-434-5330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #