

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006703

Entity Name: HERON BUILDERS, L.L.C.

FILED
Apr 07, 2004
Secretary of State

Current Principal Place of Business:

153 RAINTREE
NICEVILLE, FL 32578

New Principal Place of Business:

114 PALMETTO STREET
DESTIN, FL 32541

Current Mailing Address:

P.O. BOX 6151
DESTIN, FL 32550

New Mailing Address:

FEI Number: 01-0659403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRADLEY, JULIAN F
153 RAINTREE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

BRADLEY, JULIAN F
3624 AZALEA DRIVE
DESTIN, FL 32541 US

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.

SIGNATURE: JULIAN F. BRADLEY

04/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HEARIN, KENNETH DOUGLA JR.
Address: 153 RAINTREE
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: BRADLEY, JULIAN F
Address: 10341 TMPARY STREET
City-St-Zip: DAPHNE, AL 36526

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEARIN, KENNETH DOUGLA JR.
Address: 3624 AZALEA DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: BRADLEY, JULIAN F
Address: 3624 AZALEA DRIVE
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JULIAN F. BRADLEY

VP

04/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date