


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90160 037 \*\*\*\*55.00

<b>DOCUMENT # L02000006703</b>		
1. Entity Name <b>HERON BUILDERS, L.L.C.</b>		

Principal Place of Business <b>114 PALMETTO STREET DESTIN FL 32541</b>	Mailing Address <b>P.O. BOX 6151 DESTIN FL 32550</b>
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2. Principal Place of Business <b>43 BUCK ROAD</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SANTA ROSA BEACH FL</b>	City & State
Zip <b>32459</b>	Country <b>USA</b>



1st MOORE CR2E083 (10/04)

4. FEI Number <b>01-0659403</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BRADLEY, JULIAN F 3624 AZALEA DRIVE DESTIN FL 32541</b>		7. Name and Address of New Registered Agent Name <b>JULIAN F. BRADLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>43 BUCK ROAD</b> City <b>SANTA ROSA BEACH</b> FL Zip Code <b>32459</b>

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 **JULIAN F. BRADLEY, MGR** (NOTE: Registered Agent signature required when re-registering) **3-14-05** DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARIN, KENNETH DOUGLA JR. 3624 AZALEA DRIVE DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARIN, KENNETH DOUGLAS JR. 4401 SOUTHMINSTER CIRCLE, JR NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADLEY, JULIAN F 3624 AZALEA DRIVE DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JULIAN F. BRADLEY 43 BUCK ROAD SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JULIAN F. BRADLEY** 3-14-05 850-699-4179

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