FILED Mar 18, 2004 8:00 am Secretary of State

2004	LIMITED	LIABI	LITY	COMP	ANY
	ANN	UAL RI	EPOR	T	

DOCUMENT # L02000007059 1. Entity Name BLUE HERON INN, LLC						03-18-200	4 90182 0	43 ****	'5 0.00	
Principal Place	e of Business	Mailing Address PO BOX 2547			[
DESTIN, FL		SANTA ROSA BEACH, FL 32459			4 (BB(SB)) B)	1	98111 BU111 18 3 1(8		38 1 (1) (88 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082004	Chg-LLC	CR2E083	(10/03)		
City & State		City & State		4. FEI Numb 02-058				plied For t Applicable		
Zip	Country	Zip Country		5. Certificate	Certificate of Status Desired \$5.00 Additional Fee Required					
in in the second of	" 6." Name and Address of Current	Registered Agent	Na	ne	7. Name and	Address of New Re	gistered Age	int		
SCHEYD, JOSEPH M JR. 1221 AIRPORT ROAD, SUITE 209 DESTIN. FL 32541			Str	Street Address (P.O. Box Number is Not Acceptable)						
,			Cit				FL	Zip Code	,	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered offi	ce or register	red agent, or bo	th, in the State of Flo	rida. I am farr	iliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered Agent	signature required	d when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2004				-			check paya Department			
9.	MANAGING MEMBE	RS/MANAGERS	10.		l	ADDITIONS/				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOOL, WAYNE 1966 OLD HWY 98 ROYAL SEAE DESTIN, FL 325506840	☐ Delete	TITLE NAME Street Addi City-St-Zip	119 Des	Snowdri	ft Road 325504148		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	ESS] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	ESS] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR	ESS			~] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	: TITLE NAME STREET ADDI CITY-ST-ZIR	ESS			. ~] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	ESS] Change	Addition_	
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	this filing does not qualify for that my signature shall have the empowered to execute this re	the exemption same legal eport as requ	stated in Se effect as if n red by Chap	ter 608, Florida	Statutes.	further certify ng member o	that the in r manage	formation r of the	
SIGNAT	URE:	SIGNING MANAGING MEMBER, MAN	AGER, OR AUTHO	RIZED REPRESE		5-04 Date		ne Phone #		