# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L02000007059**

**1.** Entity Name
BLUE HERON INN, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 119 SNOWDRIFT RD<br>DESTIN, FL 32550 | PO BOX 2547<br>SANTA ROSA BEACH, FL 32459 |

## DO NOT WRITE IN THIS SPACE

03282005 No Chg-LLC          CR2E083 (10/03)

| **4.** FEI Number | Applied For |
|---|---|
| 02-0583955 | Not Applicable |

**5.** Certificate of Status Desired ☐    **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHEYD, JOSEPH M JR.
1221 AIRPORT ROAD, SUITE 209
DESTIN, FL 32541

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**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, 2005**

**9.**                    MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | MCCOOL, WAYNE |
| STREET ADDRESS | 119 SNOWDRIFT RD. |
| CITY-ST-ZIP | MIRAMAR BEACH, FL 325504148 |
| TITLE | |
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| CITY-ST-ZIP | |

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**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: _____          3-31-05          850-368-5004

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