


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033852 1. Entity Name HERON CREEK 3S, LLC	
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Principal Place of Business 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919	Mailing Address 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919
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04302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4228549	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LIGHTSEY, ALTON 808 SOUTH DENNING DRIVE WINTER PARK, FL 32789
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**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, 2004**

UD00000152636
05/04/04-80093-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REED, JOSEPH 813 NORTSHORE DRIVE SUITE 201 KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGGINS, GARY R 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLINGHAM, RICHARD B 3091 MAPLE DRIVE SUITE 101 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDS ARMS (GA), LLC 813 NORTSHORE DRIVE SUITE 201 KNOXVILLE, TN 37919
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 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:

Joseph W Reed

4/29/04

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

Date

Daytime Phone #