

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 012 \*\*\*\*50.00

**DOCUMENT # L02000033852**

1. Entity Name  
HERON CREEK 3S, LLC



Principal Place of Business  
813 NORTSHORE DRIVE,  
SUITE 201  
KNOXVILLE, TN 37919

Mailing Address  
813 NORTSHORE DRIVE,  
SUITE 201  
KNOXVILLE, TN 37919



04142005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-4228549

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

LIGHTSEY, ALTON  
808 SOUTH DENNING DRIVE  
WINTER PARK, FL 32789

**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, 2005**

**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

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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:** \_\_\_\_\_

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

4/14/05

Date

865-584-2300

Daytime Phone #