2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90034 027 ****50.00

DOCUMENT # L02000033852

1. Entity Name
HERON CREEK 3S, LLC

600036824

Principal Place of Business	Mailing Address
813 NORTHSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919	813 NORTHSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919

05012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRC REED, JOSEPH 813 NORTHSHORE DRIBE SUITE 201 KNOXVILLE, TN 37919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HIGGINS, GARY R 813 NORTHSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	318 Erin, Suite 2B Knoxville, TN 37919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILLINGHAM, RICHARD B 3091 MAPLE DRIVE SUITE 101 ATLANTA, GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2975 Paces Lake Court Atlanta, GA 30339	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RICHARDS ARMS (GA), LLC 813 NORTHSHORE DRIVE SUITE 201 KNOXVILLE, TN 37919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Richardson Arms (GA), LLC (Same address)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Joseph W. Reed 5/1/06 865-584-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #