


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90034 027 \*\*\*\*50.00

<b>DOCUMENT # L02000033852</b>					
<b>1. Entity Name</b> HERON CREEK 3S, LLC					
<b>Principal Place of Business</b> 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919			<b>Mailing Address</b> 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 13-4228549	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LIGHTSEY, ALTON 808 SOUTH DENNING DRIVE WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRC</b> REED, JOSEPH 813 NORTSHORE DRIBE SUITE 201 KNOXVILLE, TN 37919 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> HIGGINS, GARY R 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE, TN 37919 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 318 Erin, Suite 2B Knoxville, TN 37919		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> WILLINGHAM, RICHARD B 3091 MAPLE DRIVE SUITE 101 ATLANTA, GA 30305 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 2975 Pacis Lake Court Atlanta, GA 30339		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> RICHARDS ARMS (GA), LLC 813 NORTSHORE DRIVE SUITE 201 KNOXVILLE, TN 37919 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> Richardson Arms (GA), LLC (Same address)		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Joseph W. Reed</u> <u>Joseph W. Reed</u> <u>5/1/06</u> <u>865-584-2300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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