

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90338 006 \*\*\*\*50.00

40097643



<b>DOCUMENT # L02000033852</b> 1. Entity Name <b>HERON CREEK 3S, LLC</b>					
Principal Place of Business <b>813 NORTHSORE DRIVE, SUITE 201 KNOXVILLE, TN 37919</b>			Mailing Address <b>813 NORTHSORE DRIVE, SUITE 201 KNOXVILLE, TN 37919</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>13-4228549</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>LIGHTSEY, ALTON</b> <del>808 SOUTH DENNING DRIVE</del> <b>2105 Park Avenue North</b> <b>WINTER PARK, FL 32789</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRC</b> <b>REED, JOSEPH</b> <b>813 NORTHSORE DRIVE SUITE 201</b> <b>KNOXVILLE, TN 37919</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRIVE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>HIGGINS, GARY R</b> <b>318 ERIN STE 2B</b> <b>KNOXVILLE, TN 37919</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WILLINGHAM, RICHARD B</b> <b>2975 PACUS LAKE CT</b> <b>ATLANTA, GA 30339</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGR</b> <b>Willingham, Richard B.</b> <b>4100 Randall Farm Road</b> <b>Atlanta, GA 30339</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>RICHARDSON ARMS (GA) LLC</b> <b>813 NORTHSORE DRIVE SUITE 201</b> <b>KNOXVILLE, TN 37919</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>SIGNATURE:</b> <u><i>Joseph W Reed</i></u> <span style="float: right;"><u>4/30/07</u></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					