

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90013 016 ****50.00

DOCUMENT # L02000033852

1. Entity Name

HERON CREEK 3S, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

813 Northshore Drive, Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Knoxville, TN

Zip
37919

Country
USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

13 - 4228549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Alton Lightsey

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

808 S. Denning Drive

City

Winter Park

FL

Zip Code
32789

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Chief Manager

Joseph W. Reed

813 Northshore Drive, Suite 201

Knoxville, TN 37919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member

R. Gary Higgins

813 Northshore Drive, Suite 201

Knoxville, TN 37919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Member

Richard B. Willingham

3091 Maple Drive, Suite 101

Atlanta, GA 30305

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Richardson Arms (GA), LLC

813 Northshore Drive, Suite 201

Knoxville, TN 37919

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

Joseph W. Reed

Joseph W. Reed

2/28/03

865-584-2300, x 21

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

Date

Daytime Phone #

CR2E083B (12/02)