


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031104</b> 1. Entity Name <b>THE RESERVE AT HERON COVE, LLC</b>	
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Principal Place of Business <b>6215 WILSON BLVD. JACKSONVILLE, FL 32210</b>	Mailing Address <b>P.O. BOX 7779 JACKSONVILLE, FL 32238</b>
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04262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0250669</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STONEBURNER, GRESHAM R 841 PRUDENTIAL DRIVE, SUITE 140 JACKSONVILLE, FL 32207</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TWT DEVELOPMENT CORPORATION 6215 WILSON BLVD JACKSONVILLE, FL 32210
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: x</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>W.B. TOWERS, JR.</b> <small>Date</small>	<b>4-29-05</b> <small>Daytime Phone #</small>	<b>904-778-1888</b>
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