2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # L03000036662 1. Entité Name HĒRON BAYOU, LLC Principal Place of Business Mailing Address 9551 DAISY LANE PENSACOLA FL 32507 9551 DAISY LANE PENSACOLA FL 32507 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apr. #, etc. CR2E083 (5/05) 2nd MOORE City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zìo Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLONINGER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 9551 DAISY LANE PENSACOLA FL 32507 Zip Code City FI 5. 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 organistrate typed or printed name of registered agent and title if applicable (ROTE Registered Agent signature required when reinstating) OAG FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRP ☐ Change Achillis TITLE TOUR Delete CLONINGER, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 9551 DAISY LANE CHY-ST-ZIP PENSACOLA FL 32507 CUY-SI-AP Change A.L. Defete nneNAME NAME U00000388503 STREET ADDRESS STREET ADDRESS 01/20/06-80007-013 50.00 CITY-S1-21P CHY-S1-ZIP Delete nnIChange AAJIII NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-SI-71P ☐ Change Additti 3371 8 Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Admin DILE ☐ Delete Ditt NAME NAME STREET ADDRESS STREET ADDRESS CUY-SU-ZIP CHY-ST-ZIP ☐ Change Delete TITLE Art. NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-2# C(TY - ST - 7)8 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #