

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068536

Entity Name: HERON'S WALK, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

252 MARINA DRIVE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

252 MARINA DRIVE
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: 05-0611819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GROOM, PAUL W II
206 E. FOURTH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RISH, WILLIAM J JR.
Address: 252 MARINA DR
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGR () Delete
Name: RISH, RALPH P
Address: 450 BLAKE DRIVE
City-St-Zip: WEWAHITCHKA, FL 32465

Title: MGR () Delete
Name: FAISON, GREGORY B
Address: 252 MARINA DR
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALPH P. RISH

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date