



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:28

DOCUMENT # L05000022055					
1. Entity Name HERON'S FOREST DEVELOPMENT COMPANY/L&R, L.L.C.					
Principal Place of Business 17 SOUTH PALAFOX PLACE, SUITE 394 PENSACOLA, FL 32501			Mailing Address 17 SOUTH PALAFOX PLACE, SUITE 394 PENSACOLA, FL 32501		
2. Principal Place of Business		3. Mailing Address		 04042006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		4. FEI Number 20-2468483	
				Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAKER, RICHARD R 17 SOUTH PALAFOX PLACE, SUITE 394 PENSACOLA, FL 32501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Richard R. Baker		NAME		
STREET ADDRESS	84 Baybridge		STREET ADDRESS		
CITY-STATE-ZIP	Gulf Breeze FL 32561		CITY-STATE-ZIP		
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRETT W. WATSON		NAME		
STREET ADDRESS	371 Woodbine Rd		STREET ADDRESS		
CITY-STATE-ZIP	PENSACOLA, FL 32503		CITY-STATE-ZIP		
TITLE	SECT. TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENNIFER RINGBY		NAME		
STREET ADDRESS	178 OAK LANE DR		STREET ADDRESS		
CITY-STATE-ZIP	PENSACOLA, FL 32503		CITY-STATE-ZIP		
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATT LEMON		NAME		
STREET ADDRESS	775 Grundy St.		STREET ADDRESS		
CITY-STATE-ZIP	PENSACOLA, FL 32507		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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.					
SIGNATURE: <u>Richard R. Baker</u>		Richard R. Baker		4-12-06 850-434-5330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	