

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000010241

1. Entity Name
PURPLE HERON, L.L.C.



Principal Place of Business
**974 GRAND CANAL STREET
GULF BREEZE, FL 32563**

Mailing Address
**974 GRAND CANAL STREET
GULF BREEZE, FL 32563**



02222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 20-4235358 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**CLARK, C. BAKER
974 GRAND CANAL STREET
GULF BREEZE, FL 32563**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CLARK, C B 974 GRAND CANAL ST. GULF BREEZE, FL 32563 |
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U000000841418
03/10/08-80017-004 138.75

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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: _____

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

Date

Daytime Phone #