2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # L0700068590 1. Entity Name HIGH MOUNTAIN, LLC						04-16-2008 9	90114 003 ***	*138.75		
Principal Place of Business		Mailing Address					50003	500		
785 PENFIELD ST.		785 PENFIELD ST.					90990	JJB		
LONGBOAT I	KEY, FL 34228	LONGBOAT KEY, FL 34	228					•		
					HERRICH EN			IIIII iii ii ii iiiiiiiiii	1111	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03052008	Chg-LLC	CR2E083 (12	2/06)		
City & State		City & State			4. FEI Number	78551		Applied Not App		
Zip	Country Zip Co		Country			of Status Desired		0 Additiona		
	6. Name and Address of Current R	legistered Agent			7. Name and	Address of New R		equired		
			Name		•					
PEEBLES & MORIARTY, P.A. 1111 3RD AVENUE WEST SUITE 210			Street	Street Address (P.O. Box Number is Not Acceptable)						
	ON, FL 34205 🔆					.				
	ŧ.		City	-			FL Zip	Code		
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office	or registered	d agent, or bot	h, in the State of Flo	1	with, and a	accept	
	ions or registered agent.									
SIGNATURE	Signature, typed or printed name of registered agent ar	id title if applicable. (NOTE	: Registered Agent sign	sture required wh	hen reinstating)		DATE			
EII E	NOWIII_FEE IS:\$138.75					Mak	e.check:payable			
After May	1, 2008 Fee will be \$538.75						a Department of			
9.	MANAGING MEMBER	S/MANAGÉRS	10.		l.	ADDITIONS	/CHANGES	,	,	
TITLE:	MGRM	☐ Delete	TITLE	1		Noomono	Ch	ange 🔲	Addition	
NAME	ALTOMONTE, V. ROBERT		NAME							
STREET ADDRESS CITY-ST-ZIP	785 PENFIELD ST. LONGBOAT KEY, FL 34228		STREET ADDRESS CITY-ST-ZIP							
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11. I hereby certify that the information supplied with this filling 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: 4 08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dale Dayline Phone #