

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000000658****1. Entity Name**  
HIGHWATER CAPITAL, L.L.C.

<b>Principal Place of Business</b> 169 SOUTH ROSCOE BLVD.  PONTE VEDRA BEACH FL 32082	<b>Mailing Address</b> 169 SOUTH ROSCOE BLVD.  PONTE VEDRA BEACH FL 32082
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<b>2. Principal Place of Business</b> 830 116TH AVENUE Suite, Apt. #, etc.	<b>3. Mailing Address</b> P O BOX 9300 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> TREASURE ISLAND FL	<b>City &amp; State</b> TREASURE ISLAND FL	<b>4. FEI Number</b> 59-3557210	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33706	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., SUITE 3000  MIAMI FL 331313209 US	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.****SIGNATURE** \_\_\_\_\_ **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> SCHWIND WILLIAM G 169 S. ROSCOE BLVD. PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> SCHWIND WILLIAM G 830 116TH AVENUE TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> CAHOON ARTHUR L 1200 RIVERPLACE BLVD., SUITE 902 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11. I hereby certify that the information supplied with this filing 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: WILLIAM G. SCHWIND** **MANA** **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)