## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L99000000658

Entity Name: HIGHWATER CAPITAL, L.L.C.

FILED Jul 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

205 116TH AVE 7955 9TH AVE SOUTH

5 ST PETERSBURG, FL 33707 TREASURE ISLAND, FL 33706

11 CON 2 10 2 11 25, 1 2 00 1 00

P O BOX 9300 P O BOX 49300

TREASURE ISLAND, FL 33740 ST. PETERSBURG, FL 33743

FEI Number: 59-3557210 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDWARD, TED STE 800 CITRUS CENTER 255 SOUTH ORANGE AVE ORLANDO, FL 32801 US

**Current Mailing Address:** 

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: TED B EDWARDS

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAHOON, ARTHUR L
 Name:

 Address:
 1200 RIVERPLACE BLVD., SUITE 902
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name:SCHWIND, WILLIAM GName:SCHWIND, WILLIAM GAddress:830 116TH AVENUEAddress:7955 9TH AVENUE SOUTHCity-St-Zip:TREASURE ISLAND, FL 33706City-St-Zip:ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM G. SCHWIND MAN 07/06/2005