


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90147 016 ****50.00

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DOCUMENT # L05000071094			
1. Entity Name 1830 HIGH AVENUE, LLC			
Principal Place of Business 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637 US		Mailing Address 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637 US	
2. Principal Place of Business - No P.O. Box # 93 Delphi Road		3. Mailing Address 93 Delphi Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stafford Spgs, CT		City & State Stafford Spgs, CT	
Zip 06076		Zip 06076	
Country USA		Country USA	
4. FEI Number 20-3141341		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOVALESKI, PETER J 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637		7. Name and Address of New Registered Agent Name: Rene Van Hout Street Address (P.O. Box Number is Not Acceptable): 4837 Canterbury Drive City: Land O' Lakes FL Zip Code: 34639	
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: <i>[Signature]</i> DATE: 1/8/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOVALESKI, PETER J 6821 VISTA DEL LAGO AVENUE LAND O LAKES, FL 34637 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 93 Delphi Road Stafford Spgs, CT 06076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		Date: 1/4/07 860-684-1511	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	