

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90062 010 ****50.00

DOCUMENT # L02000002173

1. Entity Name

HIGH END PROPERTIES, LLC



Principal Place of Business

5633 STRAND BLVD
NAPLES FL 34110

Mailing Address

5633 STRAND BLVD
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3758928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERBER, PAUL S
315 DUNES BLVD. #306
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

GERBER, PAUL S.

Street Address (P.O. Box Number is Not Acceptable)

6381 Highcroft Drive

City

Naples

FL

Zip Code

34119

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

Paul Gerber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/2/04

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME GERBER, PAUL S
STREET ADDRESS 315 DUNES BLVD. #306
CITY-ST-ZIP NAPLES FL 34108

TITLE MGR ☐ Delete
NAME GERBER, JOYCE M
STREET ADDRESS 315 DUNES BLVD. #306
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME GERBER, PAUL S.
STREET ADDRESS 6381 Highcroft Dr.
CITY-ST-ZIP Naples, FL 34119

TITLE MGR ☒ Change ☐ Addition
NAME GERBER, JOYCE M.
STREET ADDRESS 6381 Highcroft Dr.
CITY-ST-ZIP NAPLES, FL 34119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul Gerber PAUL GERBER

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

8/2/04

DATE

239-566-8678

Daytime Phone #