

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011101

Entity Name: HEADS-UP 2000, LLC

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

1937 GRACE AVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 1570
FORT MYERS, FL 339021570

New Mailing Address:

FEI Number: 36-4496634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HISSAM, DON L
1937 GRACE AVE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPBELL, RONALD D
Address: 7580 TWIN EAGLE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: HISSAM, DON L
Address: P.O. BOX 1570
City-St-Zip: FORT MYERS, FL 339021570

Title: MGRM () Delete
Name: KINSEY, JAMES E JR
Address: PO BOX 1662
City-St-Zip: FORT MYERS, FL 339021662

Title: MGRM () Delete
Name: KRAFT, DAN
Address: 6700-1 DANIELS PARKWAY
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete
Name: WINKLEMAN, DAVID
Address: 20430 FALON TRACE
City-St-Zip: ESTERO, FL 33928

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SANDS, PAUL
Address: 1201 WESTFIELD DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Change (X) Addition
Name: MCGWIGAN, MIKE
Address: 3583 MCGREGOR BLVD
City-St-Zip: FORT MYERS, FL 33901

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: DON L HISSAM

MGRM

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date