

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011101**

1. Entity Name  
**HEADS-UP 2000, LLC**



Principal Place of Business

**1937 GRACE AVE  
FORT MYERS, FL 33901**

Mailing Address

**PO BOX 1570  
FORT MYERS, FL 33902-1570**



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-4496634**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAMPBELL, RONALD D
STREET ADDRESS	7580 TWIN EAGLE LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	HISSAM, DON L
STREET ADDRESS	P.O. BOX 1570
CITY-ST-ZIP	FORT MYERS, FL 339021570
TITLE	MGRM
NAME	KINSEY, JAMES E JR
STREET ADDRESS	PO BOX 1662
CITY-ST-ZIP	FORT MYERS, FL 339021662
TITLE	MGRM
NAME	KRAFT, DAN
STREET ADDRESS	6700-1 DANIELS PARKWAY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	SANDS, PAUL
STREET ADDRESS	1201 WESTFIELD DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	MCGWIGAN, MIKE
STREET ADDRESS	3583 MCGREGOR BLVD
CITY-ST-ZIP	FORT MYERS, FL 33901

1100000439209  
03/01/06-80037-016 50.00

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IN THIS SPACE**

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:** \_\_\_\_\_

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

**2-7-2006**

Date

Daytime Phone #

**239.939.0661**