

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013157

FILED
Feb 08, 2008
Secretary of State

Entity Name: HIGH PERFORMANCE FILMS, LLC

Current Principal Place of Business:

9934 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

New Principal Place of Business:

9706 LAKE ISLEWORTH COURT
WINDERMERE, FL 34786

Current Mailing Address:

9934 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

New Mailing Address:

9706 LAKE ISLEWORTH COURT
WINDERMERE, FL 34786

FEI Number: 01-0736195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, M. DAVID
141 5TH STREET N.W.
WINTER HAVEN, FL 33881 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: MAY, WILLIAM B
Address: 9934 LAKE LOUISE DR.
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM () Delete
Name: MAY, JAMES M
Address: 9934 LAKE LOUISE DR.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAY, WILLIAM B
Address: 9706 LAKE ISLEWORTH COURT
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Change () Addition
Name: MAY, JAMES M
Address: 9706 LAKE ISLEWORTH COURT
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 B MAY

MGRM

02/08/2008

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