

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017117

1. Entity Name
HIGH POINTE INSULATED PANELS LTD. CO.



Principal Place of Business
1712 EAST KALEY AVENUE
ORLANDO, FL 32806

Mailing Address
1712 EAST KALEY AVENUE
ORLANDO, FL 32806



04292004 No Chg-LLC

CR2E083 (10/03)

4. FLI Number
30-0101541

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPEARS, MICHAEL E
1712 E. KALEY AVE.
ORLANDO, FL 32806

**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 resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000153227
05/04/04-80117-018 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SPEARS, MICHAEL
STREET ADDRESS 1712 EAST KALEY AVENUE
CITY- ST- ZIP ORLANDO, FL 32806

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 FILER SIGNATIVE

4-29-04 407-894-9645
Date Daytime Phone #