

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032592**

**1. Entity Name**  
**FOUR MILE HIGH, LLC**



**Principal Place of Business**  
**158 N. HARBOR CITY BLVD.**  
**MELBOURNE, FL 32935**

**Mailing Address**  
**158 N. HARBOR CITY BLVD.**  
**MELBOURNE, FL 32935**



01062005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**11-3672100**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FALLACE, JAMES H**  
**FALLACE & LARKIN, L.C.**  
**1900 S. HICKORY STREET, STE. A**  
**MELBOURNE, FL 32901**

**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 reissuing)

**DATE**

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>ZIZZO, ANTHONY</b>
<b>STREET ADDRESS</b>	<b>158 N HARBOR CITY BLVD</b>
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32935</b>
<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>LOVE, RICHARD</b>
<b>STREET ADDRESS</b>	<b>158 N HARBOR CITY BLVD</b>
<b>CITY-ST-ZIP</b>	<b>MELBOURNE, FL 32935</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

000000178315  
01/12/05-80023-010 50.00

**DO NOT WRITE  
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)(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:**

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

Date

Daytime Phone #

1/10/05  
321-751-4201