

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90050 026 ****50.00

DOCUMENT # L03000004585

1. Entity Name
HIGH MEADOWS, LLC



Principal Place of Business
**560 CENTER STREET
SUITE 1
JUPITER, FL 33458**

Mailing Address
**560 CENTER STREET
SUITE 1
JUPITER, FL 33458**

20040525



2. Principal Place of Business

903 SE CENTRAL PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

903 SE CENTRAL PARKWAY

Suite, Apt. #, etc.

04152005 Chg-LLC CR2E083 (10/03)

City & State

STUART, FL

Zip
34994

Country
USA

City & State

STUART, FL

Zip
34994

Country
USA

4. FEI Number
25-1901780

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, DON
560 CENTER STREET
SUITE 1
JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

903 SE CENTRAL PARKWAY

City
STUART

FL

Zip Code
34994

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, 2005**

**Make check payable to
Florida Department of State.**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANDERSON, DON
560 CENTER STREET, SUITE 1
JUPITER, FL 33458** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PRINCE, JOEL
917 S.E. CENTRAL PARKWAY
STUART, FL 34994** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**903 SE CENTRAL PARKWAY
STUART, FL 34994** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-05

Date

Daytime Phone #