

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042694

FILED
Aug 20, 2005
Secretary of State

Entity Name: HIGH MAINTENANCE "L.L.C."

Current Principal Place of Business:

13575 EAGLE RIDGE DR
1233; 1212
FT. MYERS, FL 33912 US

New Principal Place of Business:

13575 EAGLE RIDGE DR
1236; 1212
FT. MYERS, FL 33912 US

Current Mailing Address:

13575 EAGLE RIDGE DR
1233; 1212
FT. MYERS, FL 33912 US

New Mailing Address:

13575 EAGLE RIDGE DR
1236; 1212
FT. MYERS, FL 33912 US

FEI Number: 86-1108597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DUETEMEYER, CHRIS P
13575 EAGLE RIDGE DR
1212
FT. MYERS, FL 33912 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: MGR () Delete
Name: FAND, CASEY E
Address: 13575 EAGLE RIDGE DR
City-St-Zip: FT. MYERS, FL 33912 US

Title: MGR () Delete
Name: DUETEMEYER, CHRIS P
Address: 13575 EAGLE RIDGE DR
City-St-Zip: FT. MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CASEY FAND

MGR

08/20/2005

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