

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000063687

1. Entity Name
HIGH-LOW, L.L.C.



Principal Place of Business
**9312 NORTH FLORIDA AVE.
TAMPA, FL 33612**

Mailing Address
**9312 NORTH FLORIDA AVE.
TAMPA, FL 33612**



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1555356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TINGIRIDES, STAVROS ESQ.
804 N. BELCHER ROAD
SUITE 100
CLEARWATER, FL 33765**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ANTONIOU, KYRIACOS
STREET ADDRESS	9312 NORTH FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	MGR
NAME	ANTONIOU, MICHAEL
STREET ADDRESS	372 VENTURA DR.
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000841204
03/10/08-80003-001 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kyriacos Antoniou MGR Feb 23 '08 813-932-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #