

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000981

Entity Name: 5136 HIGEL, LLC

FILED  
Jan 30, 2007  
Secretary of State

## Current Principal Place of Business:

5153 SANDY COVE AVENUE  
SARASOTA, FL 34242

## New Principal Place of Business:

5153 SANDY COVE AVENUE  
SARASOTA, FL 34242 US

## Current Mailing Address:

5153 SANDY COVE AVENUE  
SARASOTA, FL 34242

## New Mailing Address:

5153 SANDY COVE AVENUE  
SARASOTA, FL 34242 US

FEI Number: 20-3707758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEVIN, JEROME S  
1680 FRUITVILLE ROAD #102  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

LEVIN, JEROME S  
1680 FRUITVILLE ROAD  
SUITE 102  
SARASOTA, FL 34236 US

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:

01/30/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: EIBLE, BRYAN G  
Address: 5153 SANDY COVE AVENUE  
City-St-Zip: SARASOTA, FL 34242 US

Title: MGRM ( ) Delete  
Name: EIBLE, KATE  
Address: 5153 SANDY COVE AVENUE  
City-St-Zip: SARASOTA, FL 34242 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 Chapter 119, 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: KATE EIBLE

MGRM

01/30/2007

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