

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90039 042 ***138.75

DOCUMENT # L05000002416

1. Entity Name
HIGH GROUND INVESTMENTS, LLC



Principal Place of Business

5500 NORTH MILITARY TRAIL
22 - 363
JUPITER, FL 33458

Mailing Address

5500 NORTH MILITARY TRAIL
22 - 363
JUPITER, FL 33458

2. Principal Place of Business - No P.O. Box

1601 Belvedere Road
Suite, Apt. #, etc.
Suite 407 S

City & State
West Palm Beach FL

Zip Country
33406 USA

3. Mailing Address

1601 Belvedere Road
Suite, Apt. #, etc.
Suite 407 S

City & State
West Palm Beach FL

Zip Country
33406 USA

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2133367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Paul Mapes
Street Address (P.O. Box Number is Not Acceptable)
1601 Belvedere Road
Suite 407 S
City
West Palm Beach FL 33406

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BAXTER, CYNTHIA
5500 NORTH MILITARY TRAIL, # 22 - 363
JUPITER, FL 33458

TITLE
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Meyer Hopkins North Ltd
1601 Belvedere Road Suite 407 S
West Palm Beach FL 33406
☐ Change ☒ Addition

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

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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:

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

Date

Daytime Phone

P. Myer co. 2/20/08 5616896601
Paul Mapes Meyer Hopkins North Ltd