

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024279

FILED
Jan 29, 2006
Secretary of State

Entity Name: HIGH COTTON ENTERPRISES, L.L.C.

Current Principal Place of Business:

10462 GREENDALE DRIVE
TAMPA, FL 33626

New Principal Place of Business:

9823 TREE TOPS LAKE RD.
TAMPA, FL 33626

Current Mailing Address:

10462 GREENDALE DRIVE
TAMPA, FL 33626

New Mailing Address:

9823 TREE TOPS LAKE RD.
TAMPA, FL 33626

FEI Number: 20-2447220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNYON, CHRISTOPHER D
10462 GREENDALE DRIVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

MUNYON, CHRISTOPHER D
9823 TREE TOPS LAKE RD.
TAMPA, FL 33626 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:

01/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ASMER, MICHAEL
Address: 8457 FLAGSTONE DRIVE
City-St-Zip: TAMPA, FL 33615

Title: MGR () Delete
Name: MUNYON, CHRISTOPHER D
Address: 10462 GREENDALE DRIVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASMER, MICHAEL
Address: 4935 W. MELROSE AVE.
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Change () Addition
Name: MUNYON, CHRISTOPHER D
Address: 9823 TREE TOPS LAKE RD.
City-St-Zip: TAMPA, FL 33626

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: CHRISTOPHER MUNYON

MGR

01/29/2006

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