

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 11, 2008 8:00 am
Secretary of State**

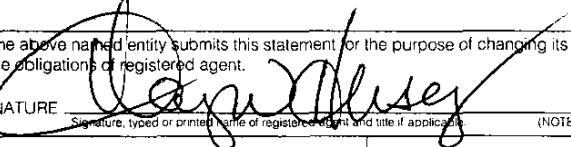
01-11-2008 90079 004 ***138.75

DOCUMENT # L05000055026		
1. Entity Name HIGH GLADES, LLC		

Principal Place of Business 560 VILLAGE BOULEVARD, SUITE 335 WEST PALM BEACH, FL 33409	Mailing Address 560 VILLAGE BOULEVARD, SUITE 335 WEST PALM BEACH, FL 33409
--	--

2. Principal Place of Business - No P.O. Box # <i>420 Columbia Drive</i>	3. Mailing Address <i>420 Columbia Drive</i>
Suite, Apt. #, etc. <i>110</i>	Suite, Apt. #, etc. <i>110</i>
City & State <i>WEST Palm Beach, FL</i>	City & State <i>WEST Palm Beach, FL</i>
Zip <i>33409</i>	Country <i>USA</i>
Zip <i>33409</i>	Country <i>USA</i>

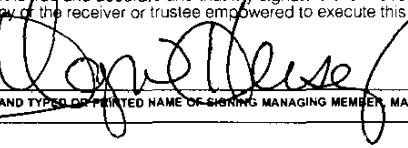
6. Name and Address of Current Registered Agent HERSEY, HARRY W JR. 560 VILLAGE BOULEVARD, SUITE 335 WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name <i>Harry W. Hersey, Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>420 Columbia Drive #110</i>
	City <i>WEST Palm Beach</i> FL Zip Code <i>33409</i>

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	10. ADDITIONS / CHANGES
---	-------------------------

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERSEY, HARRY W JR. 560 VILLAGE BOULEVARD, SUITE 335 WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>420 Columbia Drive #110</i> <i>WEST Palm Beach, FL 33409</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2968059	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
----------------------------------	--