


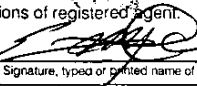
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90027 034 ****50.00

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DOCUMENT # L05000084870					
1. Entity Name HIGH RISK PROFESSIONALS LIMITED CO.					
Principal Place of Business 358 JAMAICA WAY NICEVILLE, FL 32578			Mailing Address 358 JAMAICA WAY NICEVILLE, FL 32578		
2. Principal Place of Business 358 JAMAICA WAY		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NICEVILLE FL		City & State		4. FEI Number 75-3200367	
Zip 32578		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SLACHTER, ERIC M 358 JAMAICA WAY NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name: SAME AS CURRENT Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code		
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		ERIC M SLACHTER (NOTE: Registered Agent signature required when reinstating)		20 APR 2006 DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLACHTER, ERIC M 358 JAMAICA WAY NICEVILLE, FL 32578	<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	
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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 # _____	