2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 29, 2006 8:00 am Secretary of State

DOCUMENT # L05000085790 1. Entity Name HIGH SPRINGS EMPORIUM, LLC)	08-29-2006 9	90074 00)8 ****5().00
Principal Plac 660 NW SAN HIGH SPRINC	TA FE BLVD		Mailing Address 660 NW SANTA FE BLVD HIGH SPRINGS, FL 32643 US				OTION BUM OBJM SEMI FOM		2111 I B B I B B B I I I B B I	(831 áil 1881
2. Principal P	Place of Busin	ess	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			07172006	Chg-LLC	CR2E0	83 (11/05)	•
City & Stat	e		City & State		4. FEI Numb	er			pplied For of Applicable	
Zip			Zip				of Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
BRITTON, 4335 NW 2			Name Street Addres			(P.O. Box Number is Not Acceptable)				
GAINESVI				- Guida Addison				,		;
		**		City			FL	Zip Code	e .	
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 and 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent, or both, in the State of Florida. I am familiar with accept the obligations of registered agent, or both, in the State of Florida.										
Fil Due t	ling Fee is by Septen	s \$50.00 nber 6, 2006				Make check payable to Florida Department of State				
9.		MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4335 NW	, SHARRON J 26TH DRIVE ILLE; FL 32605	☐ Delete		l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
			h this filing does not qualify fo d that my signature shall have							

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 receiven or turies empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dogume Prode 2