

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 08, 2006  
Secretary of State**

DOCUMENT# L05000109980

Entity Name: HISTORICAL HIGGINS HOUSE LLC

**Current Principal Place of Business:**

6933 SYLVAN WOODS DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

6933 SYLVAN WOODS DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-3787856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AM&E SERVICES LLC  
605 EAST ROBINSON STREET, SUITE 730  
ORLANDO, FL 32801      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      PRES                      ( ) Change (X) Addition  
Name:                      CROSON, KATHERINE R  
Address:                      6933 SYLVAN WOODS DRIVE  
City-St-Zip:                      SANFORD, FL 32771

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: KATHERINE R CROSON

PRES

05/08/2006

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