

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109980

FILED
Jan 26, 2009
Secretary of State

Entity Name: HISTORICAL HIGGINS HOUSE LLC

Current Principal Place of Business:

6933 SYLVAN WOODS DRIVE
SANFORD, FL 32771

New Principal Place of Business:

26014 ESTATES RIDGE DRIVE
SORRENTO, FL 32776

Current Mailing Address:

6933 SYLVAN WOODS DRIVE
SANFORD, FL 32771

New Mailing Address:

26014 ESTATES RIDGE DRIVE
SORRENTO, FL 32776

FEI Number: 20-3787856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSON, KATHERINE R
6933 SYLVAN WOODS DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

CROSON, KATHERINE R
26014 ESTATES RIDGE DRIVE
SORRENTO, FL 32776 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: KATHERINE R CROSON

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CROSON, KATHERINE R
Address: 26014 ESTATES RIDGE DRIVE
City-St-Zip: SORRENTO, FL 32771

Title: MGR () Change (X) Addition
Name: CROSON, DAVID A
Address: 26014 ESTATES RIDGE DRIVE
City-St-Zip: SORRENTO, FL 32776

Title: MGR () Change (X) Addition
Name: CROSON, CHARLES D
Address: 26014 ESTATES RIDGE DRIVE
City-St-Zip: SORRENTO, FL 32776

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A CROSON

MGR

01/26/2009

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