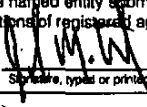
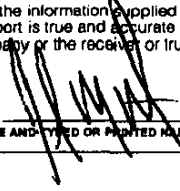


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90234 047 ***138.75

DOCUMENT # L06000021202 1. Entity Name HIGHER GROUND CONTRACTING, LLC					
Principal Place of Business 13004 BOCA CIEGA AVENUE MADEIRA BEACH, FL 33708 US			Mailing Address 13004 BOCA CIEGA AVENUE MADEIRA BEACH, FL 33708 US		
2. Principal Place of Business - No P.O. Box # 42746 Mound Road Suite, Apt. #, etc.		3. Mailing Address 42746 Mound Road Suite, Apt. #, etc.			
City & State Sterling Heights, MI		City & State Sterling Heights, MI		4. FEI Number 74-3170744	
Zip 48314		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINNEY, CHRISTOPHER T 13004 BOCA CIEGA AVENUE MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent Name 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  JOHN M. VENTICINQUE 3/10/08 DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEARD, DARRELL J 9011 LAKEVIEW CLARKSTON, MI 48348	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENTICINQUE, JOHN M 49642 GOLDEN LAKE DRIVE SHELBY TOWNSHIP, MI 48315	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKINNEY, CHRISTOPHER T 13004 BOCA CIEGA AVENUE MADEIRA BEACH, FL 33708	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  JOHN M. VENTICINQUE 3/10/08 813AL5,SS4S					