

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087473

FILED
Apr 27, 2007
Secretary of State

Entity Name: HIGH FLIGHT INVESTMENT GROUP, LLC

Current Principal Place of Business:

320 NW 3RD AVENUE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 159
OCALA, FL 34478

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN, PICCIN
320 NW THIRD AVENUE
OCALA, FL 34475 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: MGR () Delete
Name: PICCIN, JOHN
Address: 320 NW THIRD AVENUE
City-St-Zip: Ocala, FL 34475

Title: MGRM () Delete
Name: PICCIN, MARY
Address: 320 NW THIRD AVENUE
City-St-Zip: Ocala, FL 34475

Title: MGRM () Delete
Name: PICCIN, TIMOTHY
Address: 320 NW THIRD AVENUE
City-St-Zip: Ocala, FL 34475

Title: MGRM () Delete
Name: GLYNN, KATIE
Address: 320 NW THIRD AVENUE
City-St-Zip: Ocala, FL 34475

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATIE GLYNN

MGRM

04/27/2007

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