


FILED
May 29, 2008 8:00 am
Secretary of State

04-28-2008 90305 001 ***277.50

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000121303			
1. Entity Name HIGH MARK GROUP, LLC			
Principal Place of Business 180 NW AMENITY COURT LAKE CITY, FL 32055		Mailing Address 180 NW AMENITY COURT LAKE CITY, FL 32055	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		FEE Number 26-2681711	
Applied For Not Applicable			
6. Name and Address of Current Registered Agent HINES, JAMES P ESQ 315 SOUTH HYDE PARK AVE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name FRANK SOUCINEK, JR. Street Address (P.O. Box Number is Not Acceptable) 180 NW AMENITY CT. City LAKE CITY FL Zip Code 32055	
8. The above named agent 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 <u>FRANK SOUCINEK, JR.</u> DATE <u>4/21/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR SOUCINEK, FRANK JR 159 SE CYHEYENNE COURT LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 correct 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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>FRANK SOUCINEK, JR.</u>		Date <u>4/21/08</u> 386-752-5214	
SIGNATURE AND EX-100 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	