2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L07000045872

Entity Name: HIGHWAYMEN, LLC

Current Principal Place of Business:

1413 HAVEN DRIVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1413 HAVEN DRIVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 26-0657537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAN HOOK, BEN
1413 HAVEN DRIVE
ORLANDO, FL 32803 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: VAN HOOK, BEN
Address: 1413 HAVEN DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete
Name: MONROE, GARY
Address: 1413 HAVEN DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete
Name: BREITENBACH, ERIC
Address: 1413 HAVEN DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR ( ) Delete
Name: VAN WORMER, PAUL
Address: 1413 HAVEN DRIVE
City-St-Zip: ORLANDO, FL 32803

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: BEN VAN HOOK MGR 03/25/2009

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