2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L99000000658

Entity Name: HIGHWATER CAPITAL, L.L.C.

Current Principal Place of Business:

205 116TH AVE
5
TREASURE ISLAND, FL 33706

New Principal Place of Business:

7955 9TH AVE SOUTH
ST PETERSBURG, FL 33707

Current Mailing Address:

P O BOX 9300
TREASURE ISLAND, FL 33740

New Mailing Address:

P O BOX 49300
ST. PETERSBURG, FL 33743

FEI Number: 59-3557210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARD, TED
STE 800 CITRUS CENTER
255 SOUTH ORANGE AVE
ORLANDO, FL 32801 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: TED B EDWARDS

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAHOON, ARTHUR L
Address: 1200 RIVERPLACE BLVD., SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR ( ) Delete
Name: SCHWIND, WILLIAM G
Address: 830 116TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: SCHWIND, WILLIAM G
Address: 7955 9TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM G. SCHWIND MAN 07/06/2005

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