

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90593 038 ****50.00

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DOCUMENT # L99000001598					
1. Entity Name HIGHSMITH CONSTRUCTION, L.C.					
Principal Place of Business 106 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32407			Mailing Address PO BOX 9531 PANAMA CITY BEACH, FL 32417		
2. Principal Place of Business 5174 Airpark Boulevard			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Chipley, FL 32428			City & State		
Zip 32428		Country Washington		Zip	
				Country	
4. FEI Number 59-3565021				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHSMITH, MICHAEL D 106 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32507			7. Name and Address of New Registered Agent Name Highsmith, Michael D. Street Address (P.O. Box Number is Not Acceptable) 5174 Airpark Boulevard City Chipley FL Zip Code 32428		
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 <i>Michael D. Highsmith</i>		Michael D. Highsmith		3-10-05	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHSMITH, MICHAEL 106 HOMBRE CIRCLE PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Highsmith, Michael 5174 Airpark Boulevard Chipley, FL 32428	<input checked="" 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 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 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: <i>Michael D. Highsmith</i>		Michael D. Highsmith		850-773-5147	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	