

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-10-2006 90040 045 ****50.00

DOCUMENT # L99000001598					
1. Entity Name HIGHSMITH CONSTRUCTION, L.C.					
Principal Place of Business 5174 AIRPARK BOULEVARD CHIPLEY, FL 32428 US			Mailing Address PO BOX 9531 PANAMA CITY BEACH, FL 32417		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3565021	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HIGHSMITH, MICHAEL D 5174 AIRPARK BOULEVARD CHIPLEY, FL 32428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. Managing ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HIGHSMITH, MICHAEL 5174 AIRPARK BOULEVARD CHIPLEY, FL 32428 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	member Cynthia L. Highsmith 5174 Airpark Boulevard Chipley, FL 32428 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions or indicated on this report is true and accurate and that my signature shall have the same legal effect as if signed by the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: <i>Michael Highsmith</i>		Michael Highsmith		1-10-06 850 973 5147	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

**Both Michael
+ Cynthia
are managing
members.**