

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009025

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: HIGH LIFE, LLC

**Current Principal Place of Business:**

8001 CLARCONA OCOEE ROAD  
ORLANDO, FL 338181228

**New Principal Place of Business:**

**Current Mailing Address:**

8001 CLARCONA OCOEE ROAD  
ORLANDO, FL 338181228

**New Mailing Address:**

FEI Number: 59-3640668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENRY, THORNTON M ESQ.  
505 SOUTH FLAGLER DR., STE 1100  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DR., STE 1100  
WEST PALM BEACH, FL 33401 US

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: THORNTON M. HENRY MANAGER

04/08/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SIMS, KENNETH R  
Address: 8001 CLARCONA OCOEE ROAD  
City-St-Zip: ORLANDO, FL 338181228

Title: MGRM ( ) Delete  
Name: SIMS, JOAN M  
Address: 8001 CLARCONA OCOEE ROAD  
City-St-Zip: ORLANDO, FL 338181228

**ADDITIONS/CHANGES:**

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 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: KENNETH R. SIMS

MGRM

04/08/2004

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