

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000007014

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** HIGH STREET ENTERPRISES, LLC

**Current Principal Place of Business:**

2633 SORRELL WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

2633 SORREL WAY  
NAPLES, FL 34105

**Current Mailing Address:**

2633 SORRELL WAY  
NAPLES, FL 34105

**New Mailing Address:**

2633 SORREL WAY  
NAPLES, FL 34105

**FEI Number:** 52-2236924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC  
2731 EXECUTIVE PARK DR, STE. 4  
WESTON, FL 33331 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: GILMAN, KENNETH R  
Address: 2633 SORRELL WAY  
City-St-Zip: NAPLES, FL 34105

Title: MGR ( ) Delete  
Name: GILMAN, JUDITH D  
Address: 2633 SORRELL WAY  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GILMAN, KENNETH R  
Address: 2633 SORREL WAY  
City-St-Zip: NAPLES, FL 34105

Title: MGR (X) Change ( ) Addition  
Name: GILMAN, JUDITH D  
Address: 2633 SORREL WAY  
City-St-Zip: NAPLES, FL 34105

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: KENNETH R. GILMAN

MGR

01/28/2009

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