2001 UNIFORM BUSINESS REPORT (UBR)													
DOCUMENT # L0000009548 1. Entity Name													
QUINCY HIGH POINT HOTEL, LLC								FILED					
								01 JUN 27 AM 8:47					
Principal Plac 130 N. VIRGIN		Mailing Address P.O. BOX 1739					SECRETARY OF STATE						
OUINCY FL 3		QUINCY FL 32351				1	SECRETARY OF STATE TALLAHASSEE, FLORIDA						
-													
2. Principal Place of Business				3. Mailing Address						II GOIIT GOIEL GEI		#1##1 {#1) (##)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number			Applied For Not Applicable			
Zíp		Country	Zip Cou			itry	5. Certificate of Status Desired			Fee Required			
6. Name and Address of Current Registered Agent						Name	7. Nam	e and Addre	ss of New R	egistered Ag	ent		
HIGDON, JOSEPH W JR. 130 N. VIRGINIA STREET						Street Add	dress (P.O. Box N	lumber is Not	Acceptable)			
QUINCY FL 32351													
							ity			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.													
SIGNATURE 1	Signature, typed	or printed name of registered agent a	d Agent signature	required when reinstat	ng)		DATE						
				FILE NO	Wiii W	FEE IS \$50	0.00						
			'	Make Check Pag	yable t	o Departm	ent of State						
9.		MANAGING MEMBE	ERS/MEME	S/MEMBERS 10.				<u> </u>	ADDITIONS/	CHANGES			
TITLE	MGRM	************************		☐ Delete	TITLE			1		[Change	☐ Addition	
NAME HIGDON ENTERPRISES LIMITED STREET ADDRESS 130 N. VIRGINIA STREET					NAM Stre	ET ADDRESS							
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TITLE :				☐ Delete	" TITLE	ſ	•			[_ Change	☐ Addition	
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NAME! STREET ADDRESS					NAMI STRE	E Et address							
CITY-ST-ZIP						-ST-ZIP							
11. I hereby c	ertify that the	information supplied with	this filing c	loes not qualify for	the exe	mption stated	d in Section 119.0	07(3)(i), Florid	la Statutes. I	further certify	that the ir	nformation	

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.