

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90032 023 \*\*\*\*55.00

**DOCUMENT # L00000009548**

1. Entity Name  
QUINCY HIGH POINT HOTEL, LLC



20050378

Principal Place of Business  
130 N. VIRGINIA STREET  
QUINCY, FL 32351

Mailing Address  
P.O. BOX 1739  
QUINCY, FL 32351

**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HIGDON, JOSEPH W JR.  
130 N. VIRGINIA STREET  
QUINCY, FL 32351

**DO NOT WRITE  
IN THIS SPACE**

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HIGDON ENTERPRISES LIMITED 130 N. VIRGINIA STREET QUINCY, FL 32351
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IN THIS SPACE**

\*1. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-08-05 (850)627-7564  
Date Daytime Phone #