2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000009548

1. Entity Name
QUINCY HIGH POINT HOTEL, LLC

Principal Place of Business	Mailing Address
130 N. VIRGINIA STREET	P.O. BOX 1739
QUINCY, FL 32351	QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	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

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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, 2007

9. MANAGING MEMBERS/MANAGERS

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Joseph W. Higdon_   4-17-07   850-627-756⊢

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #