


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000007098 1. Entity Name HIGHPOINT, L.L.C.	
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Principal Place of Business 250 S.E. 23RD AVENUE BOYNTON BEACH, FL 33435	Mailing Address 10111 FOREST HILL BLVD., SUITE 100 WEST PALM BEACH, FL 33414
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07262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0727067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARULL, ELIZABETH  
 10111 FOREST HILL BLVD., SUITE 100  
 WEST PALM BEACH, FL 33414

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARULL, ELIZABETH 10111 FOREST HILL BLVD., SUITE 100 WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CASTANEDA, CAROLINA 250 S.E. 23RD AVENUE BOYNTON BEACH, FL 33435
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 08/26/05-80002-011 55.00

11. 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:** *Elizabeth Marull - ELIZABETH MARULL (mgrm)* *8/19/05* *(561) 753-8366* *Ext-110*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #