


2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007098</b>	
1. Entity Name HIGHPOINT, L.L.C.	

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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07072006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0727067	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$50.00  
Due by September 6, 2006

U00000570338  
07/14/06-80010-003 55.00

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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**DO NOT WRITE IN THIS SPACE**

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:** *Marull (ELIZABETH MARULL) MGRM 7/10/06 (562) 753-8366 X110*

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