


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90041 037 ****55.00

DOCUMENT # L01000007098			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10131 FOREST HILL BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE - 100A	
City & State		City & State WELLINGTON, FL	
Zip	Country	Zip	Country
		33414	USA
4. FEI Number		Applied For	
01-0727067		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARULL, ELIZABETH 10111 FOREST HILL BLVD., SUITE 100 WEST PALM BEACH, FL 33414		Name MARULL, ELIZABETH	
		Street Address (P.O. Box Number is Not Acceptable)	
		10131 FOREST HILL BLVD., SUITE - 100A	
		City	FL
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 <u>Elmarull / ELIZABETH MARULL (MGRM)</u>		DATE <u>4/17/07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARULL, ELIZABETH	NAME	MARULL, ELIZABETH
STREET ADDRESS	10111 FOREST HILL BLVD., SUITE 100	STREET ADDRESS	10131 FOREST HILL BLVD., SUITE - 100A
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTANEDA, CAROLINA	NAME	
STREET ADDRESS	250 S.E. 23RD AVENUE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Elmarull / ELIZABETH MARULL (MGRM)</u>		Date	<u>4/17/07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone # <u>Ext. 110 (561) 753-8366</u>