


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 008 ***143.75

DOCUMENT # L01000007098	
1. Entity Name HIGHPOINT, L.L.C.	

Principal Place of Business 250 S.E. 23RD AVENUE BOYNTON BEACH, FL 33435	Mailing Address 10131 FOREST HILL BLVD., SUITE 100A WELLINGTON, FL 33414
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00002969



01072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

MARULL, ELIZABETH
 10131 FOREST HILL BLVD., SUITE 100
 WELLINGTON, 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARULL, ELIZABETH 10131 FOREST HILL BLVD STE 100A WELLINGTON, 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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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: Smarull (ELIZABETH MARULL) Date: 1-15-08 Daytime Phone #: 561-317-2157

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