


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

PAGE 1

DOCUMENT # L 01000007098

1. Entity Name
Highpoint, L.L.C.

10/4/02



FILED
03 JAN 27 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700012698627
02/18/03--01044--015 **100.00
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
250 SE 23RD Avenue
Suite, Apt. #, etc.

3. Mailing Address
10111 Forest Hill Blvd.
Suite, Apt. #, etc.
Suite - 100

City & State
Boynton Beach, FL

City & State
West Palm Beach, FL

Zip
33435 Country USA

Zip
33414 Country USA

4. FEI Number
010-72-7067

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name Elizabeth Marull

Street Address (P.O. Box Number is Not Acceptable)
10111 Forest Hill Blvd.
Suite - 100

City West Palm Beach, FL Zip Code 33414

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 Elizabeth Marull (mgrm) DATE 1/21/03

*Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

Byk

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>mgrm</u> <u>ELIZABETH MARULL</u> <u>10111 Forest Hill Blvd. - Suite - 100</u> <u>West Palm Beach, FL 33414</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>mgrm</u> <u>CAROLINA CASTAÑEDA</u> <u>250 SE 23RD Avenue Ste-A</u> <u>Boynton Beach, FL 33435</u>
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UBR FOR 2002 & 2003

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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 (mgrm) 1/21/03 (561)753-8366(x110)

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

Date Daytime Phone #