2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L02000023307

Entity Name: HIGHPOINT VENTURES OF PENSACOLA, LLC

Current Principal Place of Business:

2628 PECAN PLACE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

2628 PECAN PLACE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 54-2079825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 W. GOVERNMENT ST.
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPORL, JO ANN P
Address: 1004 BLACKBERRY LANE
City-St-Zip: ST JOHNS, FL 32559

Title: MGRM ( ) Delete
Name: SPORL, JAMES A III
Address: 2628 PECAN PLACE
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM ( ) Delete
Name: MARTINEZ, MARIA D
Address: 2628 PECAN PLACE
City-St-Zip: ST JOHNS, FL 32259

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPORL, JO ANN P
Address: 1004 BLACKBERRY LANE
City-St-Zip: ST JOHNS, FL 32259

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA D. MARTINEZ MGRM 01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date