


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000012581	
1. Entity Name HIGHGATE LTD. CO.	

Principal Place of Business 319 WEST REDSOX PATH HERNANDO FL 34442	Mailing Address 319 WEST REDSOX PATH HERNANDO FL 34442
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 16-1661227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PARK, DOO HA 319 WEST REDSOX PATH HERNANDO FL 34442

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code


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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARK, DOO HA 319 WEST REDSOX PATH HERNANDO FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000611712 02/02/07-80074-010 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **DATE:** Jan 29, 2007 **Daytime Phone #:** 852 527 2000

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