

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043791

Entity Name: HIGH POINT LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

2765 NE 14TH STREET
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

2087 NW 2 AVENUE
MIAMI, FL 33127 US

Current Mailing Address:

2765 NE 14TH STREET
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

2087 NW 2 AVENUE
MIAMI, FL 33127 US

FEI Number: 58-2684753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AGOSTINO, LUIS A
2765 NE 14TH STREET
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

D'AGOSTINO, LUIS A
2087 NW 2 AVENUE
MIAMI, FL 33127 US

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: LUIS A. D'AGOSTINO

02/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'AGOSTINO, LUIS A
Address: 2765 NE 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: MGRM (X) Delete
Name: LA CHAPELLE, MICHAEL
Address: 2765 NE 14TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: D'AGOSTINO, LUIS A
Address: 2087 NW 2 AVENUE
City-St-Zip: MIAMI, FL 33127 US

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: LUIS A. D'AGOSTINO

MGRM

02/07/2009

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