


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000048439 1. Entity Name HIGH POINT STABLES OF BOCA RATON, LLC	
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Principal Place of Business 15040 LOXAHATCHEE ROAD BOCA RATON, FL 33076 US	Mailing Address 15040 LOXAHATCHEE ROAD BOCA RATON, FL 33076 US
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1301705	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

MAGEE, JANUARY L
15040 LOXAHATCHEE ROAD
BOCA RATON, FL 33076

**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)

Filing Fee is \$50.00 Due by May 1, 2007	000000719454 05/01/07-80064-014 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGEE, JANUARY L 15040 LOXAHATCHEE ROAD BOCA RATON, FL 33076
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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: January Magee **4-16-07** **561-414-3028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #