

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90228 031 ****50.00

DOCUMENT # L04000070144					
1. Entity Name HIGHPOINTE, L.L.C.					
Principal Place of Business 126 43RD AVENUE SW VERO BEACH, FL 32968			Mailing Address 126 43RD AVENUE SW VERO BEACH, FL 32968		
2. Principal Place of Business 1910 82nd Ave Suite, Apt. #, etc. Ste 202		3. Mailing Address 1910 82nd Ave Suite, Apt. #, etc. Ste 202			
City & State Vero Beach FL		City & State Vero Beach FL		02012006 Chg-LLC CR2E083 (11/05)	
Zip 32966 Country Indian River		Zip 32966 Country Indian River		4. FEI Number 20-1758582	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COASTAL CORPORATE SERVICES, INC. 1701 HIGHWAY A1A, SUITE 220 VERO BEACH, FL 32963			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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRG ADAMS, JAMES R 126 43RD AVENUE SOUTHWEST VERO BEACH, FL 32968	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1910 82nd Ave, Ste 202 Vero Beach, FL 32966
1910 82nd Ave, Ste 202 Vero Beach, FL 32966		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADAMS, PAUL L 126 43RD AVENUE SOUTHWEST VERO BEACH, FL 32968	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1910 82nd Ave Ste 202 Vero Beach, FL 32966
1910 82nd Ave Ste 202 Vero Beach, FL 32966		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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_____		_____			
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_____		_____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
_____		_____			
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					