


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90074 002 ****50.00

DOCUMENT # L05000016480	
1. Entity Name HIGHPOINTE FARM, LLC	

Principal Place of Business 9122 NW COUNTY ROAD 225A OCALA, FL 34482	Mailing Address 9122 NW COUNTY ROAD 225A OCALA, FL 34482
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Z0003323



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>6861 W. HWY 40</i> Suite, Apt. #, etc. City & State Zip
<i>NO MAIL</i>	<i>OCALA FL 34482 USA</i>

01162006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent SKROB, JOYCE 9122 NW COUNTY ROAD 225A OCALA, FL 34482	
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4. FEI Number <i>65-1245299</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P JOYCE SKROB 6861 W. HWY 40 OCALA, FL 34482</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *Joyce Skrob* **1-16-06** **352 861-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #