## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000038372

1. Entity Name

SIXTÉEN HIGH SPRINGS, L.L.C.



Principal Place of Business

Mailing Address

5801 CONGRESS AVENEU BOCA RATON, FL 33487 5801 CONGRESS AVENEU BOCA RATON, FL 33487 FILED Apr 23, 2007 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

04162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2031318

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MOMBACH, GEOFFREY S ESQ MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394

## DO NOT WRITE IN THIS SPACE

	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,	
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007 U00000724221 05/02/07-80102-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVE 5801 CONGRESS AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 processor 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, OR AUTHORIZED REPRESENTATIVE

4/18/07

4985600

Daytime Phone #