

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000092981

1. Entity Name
HIGH POINTE HOLDINGS, LLC



Principal Place of Business
6402 W. LINEBAUGH AVENUE
SUITE A
TAMPA, FL 33625

2. Principal Place of Business - No P.O. Box #
4592 ULMERTON Road

Suite, Apt. #, etc.
Suite 100

City & State
Clearwater, FL

Zip 33762 Country USA Zip 33762 Country USA

6. Name and Address of Current Registered Agent

BURCAW, LAURIE S P.E.
6402 W LINEBAUGH AVE
A
TAMPA, FL 33625

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

06/28/07

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ACKLEY ASSETS, INC.
STREET ADDRESS 6402 W. LINEBAUGH AVENUE, SUITE A
CITY-ST-ZIP TAMPA, FL 33625

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE MGR
NAME Haydon-Rubin Development Inc.
STREET ADDRESS 4592 ULMERTON Road, Suite 100
CITY-ST-ZIP Clearwater, FL 33762

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/28/07 727-539-0777

Date

Daytime Phone #