

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**


01-22-2008 90123 030 \*\*\*138.75

<b>DOCUMENT # L05000114663</b>	
1. Entity Name HIGHWAY 200 PARTNERS, LLC	

Principal Place of Business 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US	Mailing Address 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471 US
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2. Principal Place of Business - No P.O. Box # 2201 SE 30th Avenue Suite, Apt. #, etc. Suite 201 City & State Ocala FL Zip 34471 Country USA	3. Mailing Address 2201 SE 30th Avenue Suite, Apt. #, etc. Suite 201 City & State Ocala FL Zip 34471 Country USA
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**60002945**



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4258357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WIECHENS, CHRISTOPHER S 2603 S.E. 17TH STREET SUITE A OCALA, FL 34471	7. Name and Address of New Registered Agent Name Wiechens, Christopher S. Street Address (P.O. Box Number is Not Acceptable) 220 SE 30th Avenue Suite 201 City Ocala FL Zip Code 34471
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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.

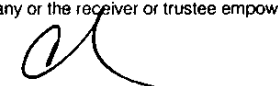
SIGNATURE  Christopher S. Wiechens DATE 1/8/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENNIFER LYNN WIECHENS REVOCABLE TRUST 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471 <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	MGRM CHRISTOPHER SANDON WIECHENS REVOCABLE TRUST 2603 S.E. 17TH STREET, SUITE A OCALA, FL 34471 <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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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:  Christopher S. Wiechens DATE 1/8/08 352-622-3214

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