

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90226 001 \*\*\*\*50.00

**DOCUMENT # L06000018398**

1. Entity Name  
HIGHTOWER HOMES L.L.C.



Principal Place of Business  
1829 48TH AVENUE NORTH  
SAINT PETERSBURG, FL 33714

Mailing Address  
1829 48TH AVENUE NORTH  
SAINT PETERSBURG, FL 33714

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4388111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

STEPHANIE ANNE BIXLER  
1829 48TH AVENUE NORTH  
SAINT PETERSBURG, FL 33714

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME DENNIS JAMES BIXLER  
STREET ADDRESS 1829 48TH AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE MGRM ☐ Delete  
NAME STEPHANIE ANNE BIXLER  
STREET ADDRESS 1829 48TH AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE MGR ☒ Delete  
NAME WISE, DAVID S  
STREET ADDRESS 1829 48TH AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE PAUL BIXLER MANAGER ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 1829 48TH AVENUE  
CITY-ST-ZIP ST. PETERSBURG, FL 33714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

4/3/07

Date

727-475-0850

Daytime Phone #