2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# L06000018398

Entity Name: HIGHTOWER HOMES L.L.C.

Current Principal Place of Business:

1829 48TH AVENUE NORTH
SAINT PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

1829 48TH AVENUE NORTH
SAINT PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 20-4388111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	DENNIS JAMES BIXLER,	
Address:	1829 48TH AVENUE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	MGRM	( ) Delete
Name:	STEPHANIE ANNE BIXLE, R	
Address:	1829 48TH AVENUE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33714	
Title:	MGR	(X) Delete
Name:	BIXLER, PAUL	
Address:	1829 48TH AVE N	
City-St-Zip:	SAINT PETERSBURG, FL 33714	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS J. BIXLER MGR 01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date