

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044394

FILED
Apr 28, 2008
Secretary of State

Entity Name: HIGHTOWER & THORNE PROPERTIES, LLC

Current Principal Place of Business:

549 MAPLE LEAF CIR.
PENSACOLA, FL 32514

New Principal Place of Business:

549 MAPLELEAF CIR.
PENSACOLA, FL 32514

Current Mailing Address:

549 MAPLEAF CIR.
PENSACOLA, FL 32514

New Mailing Address:

549 MAPLELEAF CIR.
PENSACOLA, FL 32514

FEI Number: 42-1706765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURDICK, SAFFRON
549 MAPLE LEAF CIR.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

SPENCE, ELIZABETH
549 MAPLELEAF CIR.
PENSACOLA, FL 32514 US

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: ELIZABETH SPENCE

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PLAZA PP TRUST 1,
Address: 549 MAPLE LEAF CIR.
City-St-Zip: PENSACOLA, FL 32514

Title: MGR () Delete
Name: PLAZA PP TRUST 2,
Address: 549 MAPLE LEAF CIR.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLAZA PP TRUST 1,
Address: 549 MAPLELEAF CIR.
City-St-Zip: PENSACOLA, FL 32514

Title: MGR (X) Change () Addition
Name: PLAZA PP TRUST 2,
Address: 549 MAPLELEAF CIR.
City-St-Zip: PENSACOLA, FL 32514

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: ELIZABETH SPENCE

GM

04/28/2008

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