




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90132 010 ****50.00

DOCUMENT # L06000044567 1. Entity Name HIGHBRIGHTON PARTNERS EAST, LLC					
Principal Place of Business 914 ATLANTIC AVENUE SUITE 2-A FERNANDINA BEACH, FL 32034			Mailing Address 914 ATLANTIC AVENUE SUITE 2-A FERNANDINA BEACH, FL 32034		
2. Principal Place of Business - No P.O. Box # 5772 TIMUQUANNA Rd Suite, Apt. #, etc.		3. Mailing Address 5772 TIMUQUANNA Rd Suite, Apt. #, etc.			
City & State Jacksonville FL Zip 32210 Country USA		City & State Jacksonville FL Zip 32210 Country USA		03062007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 56-2578477				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 SHROADS, JAMES L 914 ATLANTIC AVENUE SUITE 2-E FERNANDINA BEACH, FL 32034	
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR William Agnola 941 Atlantic Ave, Ste 2A Fernandina Beach FL 32034	<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	MGR Matthew E Kenyon 5772 TIMUQUANNA Rd Jacksonville FL 32210	<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: 			3/6/07		904-777-0833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #