


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000044567 1. Entity Name HIGHBRIGHTON PARTNERS EAST, LLC	
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Principal Place of Business 5772 TIMUQUANA RD JACKSONVILLE, FL 32210	Mailing Address 5772 TIMUQUANA RD JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2578677	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SHROADS, JAMES L
914 ATLANTIC AVENUE
SUITE 2-E
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AGRICOLA, WILLAM 941 ATLANTIC AVE STE 2A FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KENYON, MATTHEW E 5772 TIMUQUANA RD JACKSONVILLE, FL 32210
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**DO NOT WRITE
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01/18/08-80013-019-138.75

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 OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #