2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

1/5/2007-90031-002-$50.00-$50.00

DOCUMENT # L06000061537

1. Entity Name
ROBERT S. HIGHTOWER, ATTORNEY AT LAW, LLC

FILED
07 JAN 24 AM 8: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
241 EAST VIRGINIA ST. TALLAHASSEE, FL 32301	P.O. BOX 4165 TALLAHASSEE, FL 32315

01042007   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
128 Salem Court	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tallahassee, Florida	City & State
Zip 32301 Country Leon USA	Zip Country

4. FEI Number   20-5066302   Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGHTOWER, ROBERT S 241 EAST VIRGINIA ST. TALLAHASSEE, FL 32301	Name HIGHTOWER, ROBERT S. Street Address (P.O. Box Number is Not Acceptable) 128 Salem Court City Tallahassee, Florida FL Zip Code 32301

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		10. ADDITIONS/CHANGES	
TITLE MGRM NAME HIGHTOWER, ROBERT S STREET ADDRESS P.O. BOX 4165 CITY-ST-ZIP TALLAHASSEE, FL 32315	☐ Delete	TITLE MGRM NAME HIGHTOWER, ROBERT S. STREET ADDRESS 128 Salem Court CITY-ST-ZIP Tallahassee, Florida 32301	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Robert S. Hightower_   ROBERT S. Hightower   1/4/07   850- 222-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #