




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90055 022 ***138.75

DOCUMENT # L07000035573 1. Entity Name D.W. HIGHTOWER PROPERTY, LLC					
Principal Place of Business 5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503			Mailing Address 5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 103 Shoreline Drive Suite, Apt. #, etc.			
City & State Zip Country		City & State Gulf Breeze, Florida Zip Country 32561 Santa Rosa		4. FEI Number 59-2004466 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		07072008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent HIGHTOWER, DOUGLAS W 5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name HIGHTOWER, DOUGLAS W. Street Address (P.O. Box Number is Not Acceptable) 103 SHORELINE DRIVE City State Zip Code GULF BREEZE FL 32561		
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 Douglas W. Hightower <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when retesting)</small>		DATE 07/07/08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHTOWER, DOUGLAS W 5075 CARPENTER CREEK DRIVE PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGHTOWER, DOUGLAS W. 103 SHORELINE DRIVE PENSACOLA, FL 32503 GULF BREEZE, FL 32561	<input checked="" 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: 		Douglas W. Hightower		07/07/08 (850)478-0909	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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