

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 048 ****50.00

DOCUMENT # L02000018422

1. Entity Name
 HIGHLAND INVESTMENTS, LLC



Principal Place of Business Mailing Address

6600 WEST ROGERS CIR 6600 WEST ROGERS CIR
 SUITE 14 SUITE 14
 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US

60048603



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1801 Clint Moore Rd 1801 Clint Moore Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 # 217 # 217

04102007 Chg-LLC CR2E083 (12/06)

City & State City & State

Boca Raton, FL Boca Raton, FL
 Zip Zip Country Country

33487 33487

4. FEI Number Applied For

72-1531695 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
ZEDECK, LEONARD E. ESQ 13790 NW 4TH ST FORT LAUDERDALE, FL 33325	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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLOOM, ASHLEY 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bloom, ASHLEY 1801 Clint Moore Rd # 217 Boca Raton FL - 33487 <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: _____ Date: 04/11/07 Daytime Phone #: (561) 912-0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE