


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90065 019 ***138.75

DOCUMENT # L02000018422			
1. Entity Name HIGHLAND INVESTMENTS, LLC			
Principal Place of Business 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 US		Mailing Address 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 1551 HANSEN ST		3. Mailing Address 1551 HANSEN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34231 Country USA		Zip 34231 Country USA	
4. FEI Number 72-1531695		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		7. Name and Address of New Registered Agent	
WALLACK, MICHAEL 100 WALLACE AVE STE 333 SARASOTA, FL 34237		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 _____		DATE _____	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHLEY 1801 CLINT MOORE RD #217 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHLEY 1551 HANSEN ST SARASOTA, FL 34231 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 2/18/08 Daytime Phone # 954 658 2402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	