

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 12, 2006
Secretary of State

DOCUMENT# L02000019932

Entity Name: HIGHLAND FUND, LLC

Current Principal Place of Business:

ROYAL POINCIANA WAY
326 B
PALM BEACH, FL 33480

New Principal Place of Business:

340 ROYAL POINCIANA WAY
326 B
PALM BEACH, FL 33480

Current Mailing Address:

ROYAL POINCIANA WAY
326 B
PALM BEACH, FL 33480

New Mailing Address:

340 ROYAL POINCIANA WAY
326 B
PALM BEACH, FL 33480

FEI Number: 03-0476555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POSNER, MICHAEL J
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MICHAEL POSNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOLLEY, BRAD L
Address: 326 B ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Delete
Name: POSNER, MICHAEL J
Address: 326 B ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOLLEY, BRAD L
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

Title: MGR (X) Change () Addition
Name: POSNER, MICHAEL J
Address: 340 ROYAL POINCIANA WAY
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRAD TOLLEY

MGR

11/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date