

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035421

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** HIGHLANDER DEVELOPMENT, LLC

**Current Principal Place of Business:**

1998 PLACID LAKES BOULEVARD  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

1998 PLACID LAKES BOULEVARD  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 05-0533839      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PAMELA T. KARLSON, P.A.  
531 DEEN BOULEVARD  
LAKE PLACID, FL 33852    US

**Name and Address of New Registered Agent:**

PAMELA T. KARLSON, P.A.  
301 DAL HALL BLVD.  
LAKE PLACID, FL 33852    US

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: PAMELA T. KARLSON

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PREMIER REALTY OF LA, KE PLACID, INC .  
Address: 1998 PLACID LAKES BOULEVARD  
City-St-Zip: LAKE PLACID, FL 33852

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHERYLANN K. HUTCHINS

MGR

05/01/2006

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