## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000058893

Name:

Address:

City-St-Zip:

WADE, JEFFREY

3521 S. BROOKWOOD CIRCLE

BIRMINGHAM, FL 35223 US

Entity Name: HIGHLAND PROPERTIES LLC

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3521 S. BROOKWOOD CIRCLE BIRMINGHAM, AL 35223 **Current Mailing Address: New Mailing Address:** 3 RIVERCHASE OFFICE PLAZA, SUITE 206 BIRMINGHAM, AL 35244 US FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent: JULIAN ROY GODWIN 223 SUNSET TRAIL FREEPORT, FL 32439 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition GODWIN, JULIAN R Name: Name: Address: 3521 S. BROOKWOOD CIRCLE Address: City-St-Zip: BIRMINGHAM, AL 35223 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRESHAM, WALTER Name: Address: 3521 S. BROOKWOOD CIRCLE Address: City-St-Zip: BIRMINGHAM, AL 35223 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SORRELL, ROBERT Name: Name: 3521 S. BROOKWOOD CIRCLE Address: Address: City-St-Zip: BIRMINGHAM, FL 35223 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: WALTER GRESHAM MGRM 05/01/2009