

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90134 041 \*\*\*\*50.00

**DOCUMENT # M03000004188**

1. Entity Name

HIGHLANDER DEVELOPMENTS OF FLORIDA, L.L.C.



Principal Place of Business

10611 PLAZA AMERICANA DR.  
 SUITE B  
 BATON ROUGE LA 70816

Mailing Address

10611 PLAZA AMERICANA DR.  
 SUITE B  
 BATON ROUGE LA 70816

**24063657**



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

20-0417933

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POWELL, JAMES N  
 BANK OF AMERICA TOWER  
 ONE PROGRESS PLAZA, SUITE 1210  
 ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR**  Delete  
 NAME **JARREAU, DONALD M**  
 STREET ADDRESS **10611 PLAZA AMERICANA DR.**  
 CITY-ST-ZIP **BATON ROUGE LA 70816**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/25/04  
 Date Daytime Phone #

Attachment

Attachment  
2406365.7  
# MO 300000418  
5152 1978

SALES VERIFICATION REQUEST

Parcel ID#21 351700 318

Acct. #2103359

03/22/04

530000 / 900000

31210

HIGHLANDER DEVELOPMENTS OF  
FLORIDA LLC

Site Address: 2680 HIGHWAY 1 BLDG.1 MIMS, FL 32754

Property Type - (Please change if not correct) WAREHOUSING, DISTRIBUTION\_TERMINAL,

\*\*\* Please answer to the best of your knowledge; if a question does not apply, indicate with "N/A"\*\*\*

PART ONE: TRANSFER INFORMATION (please answer all questions)

- YES NO
- A. Is the seller/grantor a family member or business associate?
- B. Does the seller/grantor hold a mortgage or loan for the buyer/grantee?
- C. Is a trust involved that benefits the seller/grantor or their family?
- D. Is this property subject to a lease?
- \*E. Is this transaction to replace a principal residence by a person 65 years of age or older?
- \*F. Is this transaction to replace a principal residence by a person who is blind or totally and permanently disabled?

\*If you check yes to E or F you may qualify for a property tax exemption. Please view our web page or contact a local office for additional information.

PART TWO: OTHER TRANSFER INFORMATION

A. Date of possession if other than closing date: 12/03

B. Was only a partial interest in the property purchased/transferred?  Yes  No  
If yes, indicate the percentage transferred \_\_\_\_\_

C. Type of transfer (please check appropriate box):  
 Purchase  Foreclosure  Gift  Trade or Exchange  
 Merger, Stock, or Partnership Acquisition  Inheritance - Date of Death \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_  
 Creation of Lease  Assignment of a Lease  Termination of a Lease  
 Sale/Leaseback Date lease began \_\_\_\_\_  
Original terms in years (including written options) \_\_\_\_\_  
Remaining term in years (including written options) \_\_\_\_\_

D. PROPERTY PURCHASED  Through a broker  Direct from seller  From family member  
 Other (please explain): \_\_\_\_\_  
Was property listed/advertised on the market?  Yes  No  
If purchased through a broker, provide broker's name and phone number \_\_\_\_\_

E. PLEASE EXPLAIN any special terms, seller concessions, financing or motives and any other information that helps the Property Appraiser understand the purchase price and terms of sale: \_\_\_\_\_

F. TOTAL PURCHASE PRICE (or acquisition price, if traded/exchanged)\$ \_\_\_\_\_

Attachment  
24063657

# MO 30220488

PART THREE: PURCHASE PRICE AND TERMS OF SALE

A. CASH DOWN PAYMENT OR value of trade or exchange amount \$ \_\_\_\_\_

B. FIRST MORTGAGE @ \_\_\_\_\_ % interest for \_\_\_\_\_ years Amount \$ \_\_\_\_\_

- FHA ( \_\_\_\_\_ Discount Points)  Fixed rate  New loan
- Conventional  Variable rate  Assumed existing loan balance
- VA ( \_\_\_\_\_ Discount Points)  Finance company  Bank or savings & loan
- Loan carried by seller  All inclusive D. T. \$ \_\_\_\_\_ Wrapped
- Balloon Payment  Yes  No Due Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

C. OTHER FINANCING: Is other financing involved?  Yes  No

Amount \$ \_\_\_\_\_ Type \_\_\_\_\_ @ \_\_\_\_\_ % interest for \_\_\_\_\_ years.

- Bank or savings & loan  Fixed rate  New loan
- Loan carried by seller  Variable rate  Assumed existing loan balance
- Balloon payment  Yes  No Due Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

PART FOUR: PROPERTY INFORMATION

A. TYPE OF PROPERTY TRANSFERRED:

- Single-family residence  Vacant  Condominium
- Manufactured home  Co-op/Own-your-own  Agricultural
- Commercial/Industrial  Multiple-family residence (no. of units): \_\_\_\_\_
- Other (Description: i.e., timber, mineral, water rights, etc.) \_\_\_\_\_

B. IS THIS PROPERTY INTENDED AS YOUR PRINCIPAL RESIDENCE?  Yes  No  
If yes, enter date of occupancy or intended occupancy \_\_\_\_\_

C. IS PERSONAL PROPERTY INCLUDED IN PURCHASE PRICE (i.e., furniture, farm equipment, machinery, etc. other than a manufactured home subject to local property tax)?  Yes  No  
If yes, what is the value of the personal property? \_\_\_\_\_

D. LOCATED ON PROPERTY AT TIME OF SALE?  Manufactured Home  Travel Trailer  
 RV  Park Model  Dock  Shed  (Other) \_\_\_\_\_  
If applicable, was the improvement included in the purchase price?  Yes  No  
If yes, how much of the purchase price is allocated to the improvement? \_\_\_\_\_

E. DOES THE PROPERTY PRODUCE INCOME?  Yes  No  
If yes, is the income from:  Lease/Rent  Contract  Mineral rights  Other \_\_\_\_\_  
If yes, please indicate annual income \$ \_\_\_\_\_

F. WHAT WAS THE CONDITION OF THE PROPERTY AT THE TIME OF SALE?  
 Good  Average  Fair  Poor Please explain the physical condition of the property and provide any other information (such as restrictions, etc.) that would assist the Property Appraiser in determining the value of the property: \_\_\_\_\_

G. HAS THE PROPERTY CHANGED SINCE THE TIME OF PURCHASE? (i.e., repairs, demolitions, damage, additional buildings, carports, sea or retaining walls)  Yes  No  
If yes, please describe briefly and state value of change: \_\_\_\_\_

Donald M Jorreau Jr

(225) - 753-3573

Signature

Phone Number  
3/25/04