2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L0100006088

1. Entity Name

HIGH PINES PROPERTIES, LLC

FILED May 05, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

WESTWAY LTD

1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143 US WESTWAY LTD 1501 SUNSET DRIVE, 2ND FLOOR

MIAMI, FL 33143 US



01172004 No Chg-LLC

CR2E083 (10/03)

4. FEt Number 65-1103096 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THE RICHARD BRANDON COMPANY 1501 SUNSET DRIVE 2ND FLOOR MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

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 a cept 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
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		<u> </u>
	MGRM MANAGING MEMBERS/MANAGERS	 0	<u> 469000156421</u> 5705704-20077-017-50.00
TITLE NAME	WESTWAY LIMITED		
STREET ADDRESS	1501 SUNSET DRIVE, 2ND FLOOR		
CITY-ST-ZIP	MIAMI, FL 33143]	
	Will Will, 1 C 30140		
TITLE	Į.	ľ	
NAME STREET ADDRESS		<u> </u>	
CITY - STI - ZIP		l l	
	<u></u>	 -	
TITLE NAME		L L	
STREET ADDRESS			
City-St-Zip		l DO N	OT WRITE
			_
TITLE NAME		I IN TE	IIS SPACE
STREET ADDRESS		l	
CITY-ST-ZIF			
	 		
TITLE		į.	
NAME STREET ADDRESS			
CITY-ST-ZIP			
	 		
TILE			
NAME ETREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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 accordate 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 employees to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

0 64 305-938-4000