

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90048 002 \*\*\*\*50.00

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<b>DOCUMENT # L01000006088</b> 1. Entity Name HIGH PINES PROPERTIES, LLC					
Principal Place of Business WESTWAY LTD 1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143 US			Mailing Address WESTWAY LTD 1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143 US		
2. Principal Place of Business 7301 SW 37 CT Suite Apt. #, etc. # 440		3. Mailing Address 7301 SW 37 CT Suite, Apt. #, etc. # 440			
City & State South Miami - FL Zip 33143		City & State South Miami - FL Zip 33143		4. FEI Number 65-1103096 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 7301 SW 37 CT Suite # 440 City South Miami, FL Zip Code 33143	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WESTWAY LIMITED 1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143			TITLE NAME STREET ADDRESS CITY - ST - ZIP	7301 SW 37 COURT, Suite 440 South Miami - FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>L.R. Mattaway</u> 4/17/06 305-662-1421 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					