

B0800000251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

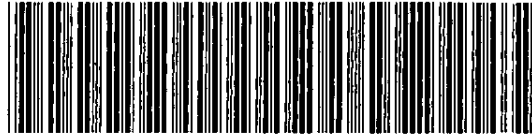
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W08000040877

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highland Pines LTD
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Joan Alvares
(Contact Person)

moore Enterprises
(Firm/Company)

4425 W. Airport Fwy #475
(Address)

Irving TX 75062
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joan Alvares at (214) 596-0327
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
☐ \$1,008.75 Filing Fees and Certificate of Status
☐ \$1,052.50 Filing Fees and Certified Copy
☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2008

JOAN ALVARES
MOORE ENTERPRISES
4425 W. AIRPORT FWY #475
IRVING, TX 75062

SUBJECT: HIGHLANDN PINES LTD
Ref. Number: W08000040877

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TALLAHASSEE, FLORIDA

We have received your document for HIGHLANDN PINES LTD and your check(s) totaling \$1000.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 508A00048497

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Highland Pines Ltd
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. California 3. 11-13-84
(State or Country of Formation) (Date of Formation)

4. Jamey Caisse
(Name of Registered Agent for Service of Process)

5. 6121 Collins Rd
(Florida street address for Registered Agent)

Jacksonville, FL 32244

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

7. 4425 W. Airport Fwy #475
(Principal office address)

Irving, TX 75062

8. If limited partnership is a limited liability limited partnership, check box ☐

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TALLAHASSEE, FLORIDA

9. 4425 Airport Fwy #475
(Mailing address)

Irving, TX 75062

10. Name, principal office address, and mailing address of each general partner:

James A. Moore
(Name)

4425 W. Airport Fwy #475
(Street Address)

Irving, TX 75062

4425 W. Airport Fwy #475
(Mailing Address)
Irving, TX 75062

Gerald Norman
(Name)

400 Tigertail Rd
(Street Address)

Los Angeles, CA 90049

400 Tigertail Rd
(Mailing Address)
Los Angeles, CA 90049

Kenneth Malamed
(Name)

First Western
(Street Address)

1900 Avenue of the Stars #900

Los Angeles, CA 90065
(Mailing Address)

1900 Avenue of the Stars #900

Alan Lipman
(Name)

1308 Ozone Avenue
(Street Address)

Santa Monica, CA 90405

1308 Ozone Avenue
(Mailing Address)

Santa Monica, CA 90405

_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____
_____	_____
(Name)	(Street Address)
_____	_____
_____	_____
_____	(Mailing Address)
_____	_____

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 8th day of August, 2008.

Signature of a general partner:

James A. Moore

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: HIGHLAND PINES, LTD.

FILE NUMBER: 198432000067
FORMATION DATE: 11/13/1984
TYPE: DOMESTIC LIMITED PARTNERSHIP
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 20, 2008.

Debra Bowen

DEBRA BOWEN
Secretary of State