## 2005 LIMITED LIABILITY COMPANY

## **FILED AM** e

ANNUAL REPORT				Feb 24, 2005 08:00
DOCUMENT # L00000005976				Secretary of Stat
1. Entity Name RABCO HIGHLAND VACANT PLOT, LLC				
RABOU	HIGHLAND VACANT FLOT,	LLC		
	ce of Business	Mailing Address		
20950 PINA	AR TRAIL In, Fl. 33433-1646	20950 PINAR TRAIL BOCA RATON, FL 33433-1646	<u>,</u>	
DOWN MITO	W, I'L 33T33TUTU	DOWN INTION, IT 20122, 1010	,	
	A STATE OF STREET	-g; <u>-p</u> -,	1 1	
				L TREATMENT WITH MENTAL MATTER WATER MATTER MATTER WITH THE TRANSPORT OF TRANSPORT
DO NOT WRITE IN THIS SPAC			or-	02072005 No Chg-LLC CR2E083 (10/03)
			JE	4. FE! Number Applied For
			}	58-2549286 Not Applicable  5 Codificate of Status Desired
	6. Name and Address of Current F	In a late word A word	and the second second	5. Certificate of Status Desired
		Cdistaled Wash		
RABINOR, TERRY 20950 PINAR TRAIL		!  -	DO NOT WRITE	
	TON, FL 33433-1646			IN THIS SPACE
			(	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 accept				
the obliga	tions of registered agent.	me bothose of enginding its reference	id outca di refusiere	эа адель, от ровы, вы те одаве он гюнца. Пальнальнал мил, али асферг
SIGNATURE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  22 10000074946  02/24/05-80064-014 50.00				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBER	S/MANAGERS		
title Name	MGRM RABINOR, TERRY			
STREET ADDRESS	20950 PINAR TRAIL			
CITY-ST-ZIP	BOCA RATON, FL 334331646		<u></u>	
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP			= = = = = = = = = = = = = = = = = = = =	
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE		· · · · · · · · · · · · · · · · · · ·		
NAME	1			IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP				
TITLE		<u></u>	<del>==</del>	
NAME				-
STREET ADDRESS CITY-ST-ZIP	·			
TITLE		ا من مند و در قد در الموجعين	<u></u> :, <u></u>	rana <u>- Parin Para Amerika da ka</u>
NAME I				

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 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.

TERRY RABINOR

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

STREET ADDRESS CITY-ST-ZIP

561-479-1020

Daytime Phone #