

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90076 033 ***138.75

DOCUMENT # L00000008843

1. Entity Name
HIGHLANDS RIDGE UTILITIES, LLC



Principal Place of Business
**3003 E. FAIRWAY VISTA DR.
AVON PARK, FL 33825**

Mailing Address
**1275 LAKE HEATHROW LANE
HEATHROW, FL 32746**

60041418



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROECKER, PAUL R
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746**

**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 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 resigning)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$838.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SEBRING LAND LIMITED PARTNERSHIP
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
27/SSH CORP.
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROECKER, R. PAUL
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Paul Roecker*

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

Date

Daytime Phone #

4-13-08 407333/400