

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-15-2008 90076 032 \*\*\*138.75

**DOCUMENT # L00000008849**

1. Entity Name  
**HIGHLANDS RIDGE GOLF CLUB, LLC**



Principal Place of Business  
**3455 E. FAIRWAY VISTA DR.  
AVON PARK, FL 33825**

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

**60041419**



04032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3659764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROECKER, PAUL ESQ  
1275 LAKE HEATHROW LANE  
LAKE MARY, 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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$638.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SEBRING LAND LIMITED PARTNERSHIP 1275 LAKE HEATHROW LANE HEATHROW, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR 27/SSH CORP. 1275 LAKE HEATHROW LANE HEATHROW, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROECKER, PAUL 1275 LAKE HEATHROW LANE HEATHROW, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

4-13-08 4073331400

Date

Daytime Phone #