

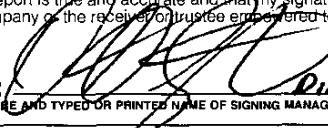


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

| | | | | | | | |
|---|--|---|--|---|---|--|--|
| DOCUMENT # L00000009111 1. Entity Name HIGHLAND WOODS, LLC | | | |  | | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="margin-bottom: 10px;">2004 MAY 18 A 10: 22</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business C/O 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603 | | | | Mailing Address C/O 3821 HENDERSON BLVD. TAMPA, FL 33609 | | | |
| 2. Principal Place of Business | | 3. Mailing Address 1525 W. Hillsborough Ave | | | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State Tampa, FL | | | | | |
| Zip | | Country | | Zip 33603 | | | |
| 4. FEI Number APPLIED FOR 65-1031863 | | | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | 04072004 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent CLINE, HARRY S 625 COURT STREET, SUITE 200 CLEARWATER, FL 33756 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | |
| 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> | | | | | | | |
| Amended AR is \$50.00 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FIRST TAMPA DEVELOPMENT CORP. C/O 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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. | | | | | | | |
| SIGNATURE:  | | | | DIMITRI ARZIBASHEV, authorized rep. 4/23/04 813-237-0529 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | |