2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90048 002 ****50.00

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DOCUMENT # L01000006088

1. Entity Name
HIGH PINES PROPERTIES, LLC

Principal Place of Business	Mailing Address
WESTWAY LTD 1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143 US	WESTWAY LTD 1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143 US

2. Principal Place of Business		3. Mailing Address	
7301 SW 57 CT		7301 SW 57 CT	
Suite, Apt. #, etc. # 440		Suite, Apt. #, etc. # 440	
City & State South Miami - Fl		City & State South Miami - Fl	
Zip 33143	Country USA	Zip 33143	Country USA

01062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1103096 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE RICHARD BRANDON COMPANY 1501 SUNSET DRIVE 2ND FLOOR MIAMI, FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57 CT. Suite # 440 City South Miami FL Zip Code 33143

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete WESTWAY LIMITED 1501 SUNSET DRIVE, 2ND FLOOR MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7301 SW 57 court. Suite 440 South Miami - Fl 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: L.R. Mattaway 4/17/06 305-662-1421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #