


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90424 036 \*\*\*\*50.00

<b>DOCUMENT # L01000010576</b> 1. Entity Name HIGHLAND CONDO PROPERTIES, LLC.	
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Principal Place of Business 8862 ESTATES DR WEST PALM BEACH, FL 33411	Mailing Address 8862 ESTATES DR WEST PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**



03032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0553310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  KURTZ, JOHN 1280 NO. CONGRESS AVE. #107 WEST PALM BEACH, FL 33409
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**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HASTINGS, PATRICIA M 8862 ESTATES DR WEST PALM BEACH, FL 33411
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**DO NOT WRITE  
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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:**

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

Date

Daytime Phone #

*Patricia M. Hastings*

3/24/05

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