

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008452

1. Entity Name
HIGHLAND CRUISER, L.C.



Principal Place of Business
**% FRANK LUCERI
400 CANAL POINT SOUTH, #130
DELRAY BEACH, FL 33444**

Mailing Address
**% FRANK LUCERI
400 CANAL POINT SOUTH, #130
DELRAY BEACH, FL 33444**



05022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3642464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUCERI, FRANK A ESQ
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

**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

5/4/05

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LUCERI, FRANK A II
400 CANAL POINT SOUTH, #130
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LUCERI, FRANK A III
400 CANAL POINT SOUTH, #130
DELRAY BEACH, FL 33444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LUCERI, GENEVIEVE
875 CAMINO REAL E #2-B
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SILVESTRI, NICOLE
22941 SW 56TH AVE
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000373236
07/18/05-80007-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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 #

Frank Luceri, Mgr

5/4/05

561-218-8861