

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90072 047 ****50.00

DOCUMENT # L02000009889

1. Entity Name
HIGHLAND INVESTMENT, LLC



Principal Place of Business
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160

Mailing Address
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160



04242004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0879633

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIO JORGE MONTECALVO
3702 NE 171 ST
NORTH MIAMI BEACH, FL 33160

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIROIT, GASTON
439 POINCIANA ISLAND DR
NORTH MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LEONE, HUGO
439 POINCIANA ISLAND DR
NORTH MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BORRONI, JUAN P
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AVARELLO, MARIA M
534 NE 23RD ST NO. 8
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MONTECALVO, CARLOS J
3702 NE 171 ST #9
NORTH MIAMI BEACH, FL 33160

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 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 #

786
4-20-04 326-1112