


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90020 009 ****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
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2. Principal Place of Business 439 POINCIANA ISL DR Suite, Apt. #, etc.	3. Mailing Address 439 POINCIANA ISL DR Suite, Apt. #, etc.
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City & State SUNNY ISLES	City & State SUNNY ISLES
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Zip 33160	Country DADE	Zip 33160	Country DADE
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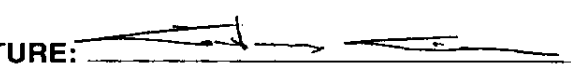
6. Name and Address of Current Registered Agent MARIO JORGE MONTECALVO 3702 NE 171 ST NORTH MIAMI BEACH, FL 33160	
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7. Name and Address of New Registered Agent Name: GASTON SIROIT Street Address (P.O. Box Number is Not Acceptable): 439 POINCIANA ISL DR City: NORTH MIAMI BEACH FL Zip Code: 33160	
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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:  GASTON SIROIT DATE: 4-5-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIROIT, GASTON 439 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160 <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	MGRM LEONE, HUGO 439 POINCIANA ISLAND DR NORTH MIAMI BEACH, FL 33160 <input checked="" 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	MGRM BORRONI, JUAN P 3702 NE 171 ST #9 NORTH MIAMI BEACH, FL 33160 <input checked="" 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	MGRM AVARELLO, MARIA M 534 NE 23RD ST NO. 8 MIAMI, FL 33137 <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	MGRM MONTECALVO, CARLOS J 3702 NE 171 ST #9 NORTH MIAMI BEACH, FL 33160 <input checked="" 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

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:  GASTON SIROIT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 4/5/05 <small>Date</small>

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03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
71-0879633

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