2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000012782

1. Entity Name

HIGHLAND OAKS PRESERVE, LLC

Principal Place of Business M

2304 SAN JOSE CIRCLE TAMPA, FL 33629 Mailing Address 2304 SAN JOSE CIRCLE TAMPA, FL 33629

FILED Jan 16, 2004 08:00 AM Secretary of State



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3686102

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

,		IN	I HIS SPACE
	e named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registered office or registered agent, or l	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and this if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE Name Street address City-St-Zip	MGRM MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629	<u>.</u>	U22222222
TITLE Name Street address City-St-Zip	MGRM RIPA, FRANK PAUL TRUSTEE 10149 FISHER AVENUE TAMPA, FL 336197843		000000006832 01/16/04-80052-003 70.00
TITLE NAME STREET ADORESS CITY+ST-ZIP		DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS DITY+ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

DAVID KIMACTBY

837.297

Daytime Phone #