2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # L02000013414 1. Entity Name HIGHLAND CASSIDY, LLC					01-20-2006 90	050 044 ****5	0.00
Principal Place	e of Business	Mailing Address					
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WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880			80	İ			
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Principal Place of Business 3. Mailing Address							
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Suite, Apt., #, etc. Suite, Apt., #, etc.				01092006	Chg-LLC	CR2E083 (11/0	5)
Sulte 103 Suite 103 City & State City & State				4. FEI Numb		· · · · · · · · · · · · · · · · · · ·	Applied For
Winter	rtaven FL	Winter Have	n FL	01-071			Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		Additional
3.388	6. Name and Address of Current R	33880	<u>454</u>	7 Name and	Address of New Re	Fee Requ	lired
	o. Italio and Address of Content it	agistored Agent	Name	7. 146116 611	2 Addiess (1 140# 140	Spietored Agent	****
CASSIDY, ALBERT B				(D.O. D N		· · · · · · · · · · · · · · · · · · ·	
	TREET SOUTH IAVEN, FL. 33880		2.50	Idress (P.O. Box Numb) Menue	Su)) ———————	
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<u> </u>				1 11		FL Zip C	Code
8. The above named entity submits this statement for the purpose of changing its registered office or register				ntertau.		<u> </u>	3880
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or r	registered agent, or bo	otn, in the State of Flor	rida. Tam ramiliar w	ith, and accept
SIGNATURE							
aldivatoric .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature	e required when reinstating)		DATE	
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Fi Di	ling Fee is \$50.00 ue by May 1, 2006					check payable t Department of S	
<u></u>	ue by May 1, 2006	S MANIAGEDS	T 10		Florida	Department of S	
9.	MANAGING MEMBER		10.			Department of S	tate
<u></u>	ue by May 1, 2006	S/MANAGERS Delete	10. TITLE NAME		Florida	Department of S	tate
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