2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 25, 2004 8:00 am DOCUMENT # L02000015886 **Secretary of State** 1. Entity Name 02-25-2004 90284 012 ****55.00 HIGHLAND PROPERTIES OF WILTON MANOR, LLC Principal Place of Business Mailing Address 1314 EAST LAS OLAS BLVD., #1114 1314 EAST LAS OLAS BLVD., #1114 とそりませつひつ FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 1215 S.E. 1215 S.E. 200 AVE. Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) SUITE ZOI SUITE City & State 4. FEI Number Applied For T. LAUDERDAL 02-0622974 Not Applicable \$5.00 Additional 5. Certificate of Status Desired ROWARD LOWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VUJARA TRICK, WILLIAM WATSON JR., ESQ Street Address (P.O. Box Number is Not Acceptable) 1216 É ATLANTIC BLVD., SUITE 7 POMPANO BEACH FL 33060 8. The above named entity submits this state 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 register FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM TITLE Delete ☐ Change ☐ Addition NAME SCHECHER, GLENN R NAME STREET ADDRESS 1314 EAST LAS OLAS BLVD., #1114 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP Delete MGRM TITLE TITLE ☐ Change Addition MAME HALE, KENNETH S NAME STREET ADDRESS STREET ADDRESS 1314 EAST LAS OLAS BLVD., #1114 CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP Change TITLE MGRM ☐ Delete TITLE Addition COASTAL INVESTMENT PROPERTIES LTD. NAME COASTAL-INVESTMENT-PROPERTIES, LTD... NAME 1215 SE 2ND AVE - SUITE 201 STREET ADDRESS STREET ADDRESS 1314 EAST LAS OLAS BLVD., #1114 LAUDERDALE. CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE TITLE ___ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with the 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED