
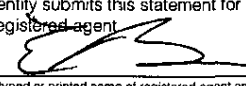
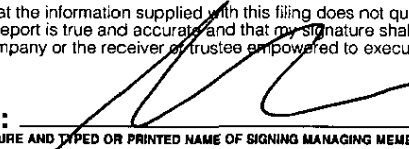


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90019 009 *****55.00

DOCUMENT # L02000018422 1. Entity Name HIGHLAND INVESTMENTS, LLC			
Principal Place of Business 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432		Mailing Address 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432	
2. Principal Place of Business 7100 W. Camino Real Suite 402 Boca Raton, Florida		3. Mailing Address 7100 W. Camino Real Suite 402 Boca Raton, Florida	
4. FEI Number 72-1531695		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04142004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BRANDON-BROWN, ELIZABETH A ESQ. 900 N. FEDERAL HIGHWAY SUITE 410 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Brandon-Brown, Elizabeth A ESQ Street Address (P.O. Box Number is Not Acceptable) 9045 La Fontana Blvd. City Boca Raton FL 33434	
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  DATE 4/21/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLOOM, ASHLEY 900 N. FEDERAL HIGHWAY, SUITE 410 BOCA RATON, FL 33432	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
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
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
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: 		Date 4/19/04 (301) 417-7115	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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