


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90012 038 ****50.00

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| DOCUMENT # L02000018422 | |  |
| 1. Entity Name HIGHLAND INVESTMENTS, LLC | | |

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| Principal Place of Business 7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433 US | Mailing Address 7100 W. CAMINO REAL SUITE 402 BOCA RATON FL 33433 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 72-1531695 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



1st MOORE CR2E083 (10/04)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent BRANDON BROWN, ELIZABETH A ESQ. 9095 LA FONTANA BLVD. BOCA RATON FL 33434 | | 7. Name and Address of New Registered Agent Name LEONARD E ZEDECK, ESQUIRE Street Address (P.O. Box Number is Not Accepted) 13790 NW 4th Street Suite 113 City Sunrise FL Zip Code 33325 | |
|---|--|---|--|

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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. | | DATE 4/4/05 | |
| SIGNATURE  | | DATE 4/4/05 | |

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 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 <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 |
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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:

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

Ashley Bloom 3/28/05 361-417-7115

Date

Daytime Phone #