2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 26, 2005 08:00 AM **DOCUMENT # L02000022329** Secretary of State 1. Entity Name HIGHLANDS CHARTERS, LLC Principal Place of Business Mailing Address 135 HUNTLY OAKES BLVD. 135 HUNTLY OAKES BLVD. LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 CR2E083 (10/03) 02192005No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3765639 Not Applicable \$5.00 Additional 5. Certificate of Status Desired. \Box Fee Required 6. Name and Address of Current Registered Agent MATHEIS, NEIL B DO NOT WRITE 135 HUNTLY OAKES BLVD. LAKE PLACID, FL 33852 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulted when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MATHEIS, NEIL B NAME 135 HUNTLY OAKES BLVD. STREET ADDRESS U00000244757 CITY-ST-ZIP LAKE PLACID, FL 33852 U2/25/05-80035-010 50.00 MGRM TITLE NAME MATHEIS, PAMEAL A STREET ADDRESS 135 HUNTLY OAKES BLVD. LAKE PLACID, FL 33852 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS City-St-ZiP

11. I hereby certify that the information supplied with this filling 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 veceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-53-7IP