

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90999 044 \*\*\*\*50.00

DOCUMENT # L02000032639

1. Entity Name



HIGHLAND FOUR, LLC

30062756

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2404 N. RIOGRANDE AVE

3. Mailing Address

2404 N. RIOGRANDE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

02-0657425

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM H. ROBINSON, JR

Street Address (P.O. Box Number is Not Acceptable)

2404 N. RIOGRANDE AVE

City

ORLANDO

FL

Zip Code

32804

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

WILLIAM H. ROBINSON JR

4/23/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR M
NAME	ROBINSON DEVELOPMENT, LLC
STREET ADDRESS	2404 N. RIOGRANDE AVE
CITY-ST-ZIP	ORLANDO FL 32804
TITLE	MGR M
NAME	PINEL PROPERTIES, LLC
STREET ADDRESS	940 N. HIGHLAND AVE
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

WILLIAM H. ROBINSON JR

4/23/03

(407) 839-3283

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

Date

Daytime Phone #

CR2E083B (12/02)