

**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



DO NOT WRITE IN THIS SPACE

30062756

2. Principal Place of Business

2404 N. RIO GRANDE AVE

Suite, Apt. #, etc.

3. Mailing Address

2404 N. RIO GRANDE AVE

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. RIO GRANDE AVE

City

ORLANDO

FL

Zip Code

32804

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR M
ROBINSON DEVELOPMENT, LLC
2404 N. RIO GRANDE AVE
ORLANDO FL 32804

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

TITLE
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STREET ADDRESS
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**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:

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

WILLIAM H. ROBINSON JR

4/23/03

Date

Daytime Phone #

(407) 839-3283

CR2E083B (12/02)