

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90298 042 ****55.00

DOCUMENT # L02000034519

1. Entity Name

HIGHLANDS COTTAGE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

181 Circle Drive

3. Mailing Address

181 Circle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

02-0665633

Applied For

Not Applicable

Zip

32751

Country

Zip

32751

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James F. Tibbs

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

181 Circle Drive

City

Maitland

FL

Zip Code
32751

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.

2/11/03

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
Manager
James F. Tibbs
181 Circle Drive
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: , Manager

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

2/11/03 (407) 644-6303

Date

Daytime Phone #

CR2E083B (12/02)