

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90041 048 \*\*\*\*50.00

**DOCUMENT # L02000034773**

1. Entity Name  
FI-HIGHLAND PINES, LLC



Principal Place of Business  
100 2ND AVE S, STE 901 SOUTH  
ST. PETERSBURG, FL 33701

Mailing Address  
100 2ND AVE S, STE 901 SOUTH  
ST. PETERSBURG, FL 33701



01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0051433

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPECTOR GADON & ROSEN, LLP  
360 CENTRAL AVENUE, SUITE 1550  
ST. PETERSBURG, FL 33701

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MADONNA, HARRY DILLON  
STREET ADDRESS PO BOX 10867  
CITY-ST-ZIP SAINT PETERSBURG, FL 33733

TITLE MGR  
NAME GALLAHER, RHONDA  
STREET ADDRESS 109 ANTES LANE  
CITY-ST-ZIP GRAMPIAN, PA 16838

TITLE MGR  
NAME WYATT, DEE  
STREET ADDRESS 724 N. GOVERNORS AVENUE  
CITY-ST-ZIP DOVER, DE 199047238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

4/19/06

Date

Daytime Phone # \_\_\_\_\_