
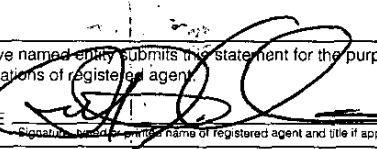



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90007 022 \*\*\*\*50.00

<b>DOCUMENT # L03000005293</b> 1. Entity Name <b>HIGHLAND BEACH HOLDINGS, LLC</b>					
Principal Place of Business <b>% REDGRAVE &amp; TURNER LLP</b> <b>120 E. PALMETTO PARK ROAD, SUITE 450</b> <b>BOCA RATON, FL 33432-6090</b>			Mailing Address <b>% REDGRAVE &amp; TURNER LLP</b> <b>120 E. PALMETTO PARK ROAD, SUITE 450</b> <b>BOCA RATON, FL 33432-6090</b>		
2. Principal Place of Business <b>% REDGRAVE &amp; OLIVER LLP</b> Suite, Apt. #, etc.		3. Mailing Address <b>% REDGRAVE &amp; OLIVER LLP</b> Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>REDGRAVE &amp; TURNER LLP</b> <b>120 E. PALMETTO PARK ROAD, SUITE 450</b> <b>BOCA RATON, FL 33432-6090</b>				7. Name and Address of New Registered Agent Name <b>BART R. OLIVER, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>REDGRAVE &amp; OLIVER LLP</b> <b>120 E. PALMETTO PARK RD, Suite 450</b> City <b>BOCA RATON</b> FL <b>33432</b>	
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  DATE <b>4/30/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MANAGING MEMBER</b> <input type="checkbox"/> Delete <b>WILLIAM E. MORRIS, JR</b> <b>99 S.G. MIZNER BLVD</b> <b>BOCA RATON, FL 33432</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>MATT MORRIS DEVELOPMENT OF FLORIDA LLC</b> <b>121 124 STREET</b> <b>MANHATTAN BEACH, CA 90266</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>PROPERTY MANAGEMENT ASSOCIATES OF FLORIDA, LLC</b> <b>5711 W. SLAUSON AVE, SUITE 100</b> <b>CULVER CITY, CA 90230</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>JAMES E. CHORAL FURLAN FLORIDA LLC</b> <b>743 MAKING AVE</b> <b>MANHATTAN BEACH FL. 90266</b>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4/30/04 561-444-6758 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					