


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90061 019 ****50.00

DOCUMENT # L03000005293	
1. Entity Name HIGHLAND BEACH HOLDINGS, LLC	

Principal Place of Business C/O REDGRAVE & OLIVER, LLP 120 E. PALMETTO PARK ROAD, SUITE 450 BOCA RATON, FL 33432-6090	Mailing Address C/O REDGRAVE & OLIVER, LLP 120 E. PALMETTO PARK ROAD, SUITE 450 BOCA RATON, FL 33432-6090
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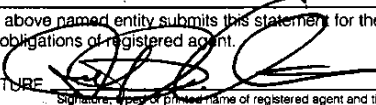
2. Principal Place of Business C/O Bert R. Oliver, P.A.	3. Mailing Address C/O Bert R. Oliver, P.A.
Suite, Apt. #, etc. 2060 NW Boca Raton Blvd Suite 6	Suite, Apt. #, etc. 2060 NW Boca Raton Blvd Suite 6
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33431	Country USA

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 86-1053771	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OLIVER, BERT R ESQ REDGRAVE & OLIVER LLP 120 E PALMETTO PARK RD SUITE 450 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name Bert R Oliver, Esq. Street Address (P.O. Box Number is Not Acceptable) Bert R Oliver, P.A. 2060 NW Boca Raton Blvd, Suite 6 City Boca Raton FL Zip Code 33431
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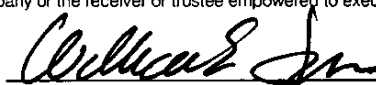
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORRIS, WILLIAM E SR 99 S.E. MIZNER BLVD BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3594 S. OCEAN BLVD, #101 HIGHLAND BEACH, FL. 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATT MORRIS DEVELOPMENT OF FLORIDA LLC 121 12TH STREET MANHATTAN BEACH, CA 90266 <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	MGR PROPERTY MANAGEMENT ASSOC OF FLORIDA, LLC 5711 W SLAUSON AVE SUITE 100 CULVER CITY, CA 90230 <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	MGR JAMES & CHERYL FURLAN FLORIDA LLC 743 MARINE AVE MANHATTAN BEACH, CA 90266 <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
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:  **William E. Morris, Jr.** **561-368-9820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #