

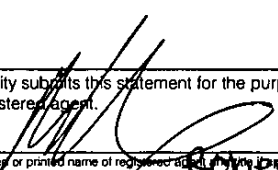
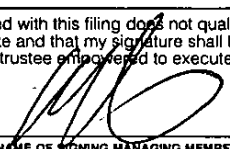


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90045 043 ****50.00

DOCUMENT # L03000010820 1. Entity Name LINDSEY-HIGHLANDS, LLC					
Principal Place of Business 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813				Mailing Address 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813	
2. Principal Place of Business 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101 City & State Lakeland, FL Zip 33803 Country USA		3. Mailing Address 3020 S. Florida Ave Suite, Apt. #, etc. Suite 101 City & State Lakeland, FL Zip 33803 Country USA			
4. FEI Number 59-3769173				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01182005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent ADAMS, ROBERT J 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Adams, Robert J. Street Address (P.O. Box Number is Not Acceptable) 3020 S. Florida Ave. Suite 101 City Lakeland FL Zip Code 33803		
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  Registered agent 2/14/05 <small>Signature, typed or printed name of registered agent, or both, is acceptable. (If a new registered agent signature is required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDSEY REALTY & DEVELOPMENT, CORP. P.O. BOX 6166 LAKELAND, FL 33807 <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	MGRM HIGHLAND INVESTORS, INC. 4110 SOUTH FLORIDA AVENUE, SUITE 200 LAKELAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3020 S. Florida Ave. Suite 101 Lakeland, FL 33803	
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	
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:  Robert J Adams 2/14/05 (863) 619-7103 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>					