

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90003 003 ****50.00

DOCUMENT # L03000011675

1. Entity Name
HIGHLAND BEACH CLUB REALTY, LLC



Principal Place of Business
**C/O REDGRAVE & TURNER LLP
120 E PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432-6090**

Mailing Address
**C/O REDGRAVE & TURNER LLP
120 E PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432-6090**

24071648



2. Principal Place of Business
C/O REDGRAVE & OLIVER LLP
Suite, Apt. #, etc.

3. Mailing Address
C/O REDGRAVE & OLIVER LLP
Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**REDGRAVE & TURNER LLP
120 E PALMETTO PARK ROAD, SUITE 450
BOCA RATON, FL 33432-6090**

7. Name and Address of New Registered Agent

Name **BERT R. OLIVER, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
90 REDGRAVE & OLIVER LLP
120 G. PALMETTO PARK RD, Suite 450
City **BOCA RATON** FL **33432**

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 of type as printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SCOTT MORRIS 99 SE. HIZWER BLVD BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

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

4/30/04 **561-278-9494**
Date Daytime Phone #