

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

04-29-2005 90061 020 ****50.00

DOCUMENT # L03000011675

1. Entity Name
HIGHLAND BEACH CLUB REALTY, 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**

30009298



2. Principal Place of Business
**C/O BOET R. OLIVER, P.A.
Suite, Apt., etc.
2060 N.W. Boca Raton Blvd Suite 6
City & State
Boca Raton, Florida
Zip
33431
Country
USA**

3. Mailing Address
**C/O BOET R. OLIVER, P.A.
Suite, Apt., etc.
2060 N.W. Boca Raton Blvd Suite 6
City & State
Boca Raton, Florida
Zip
33431
Country
USA**

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 02-0684951

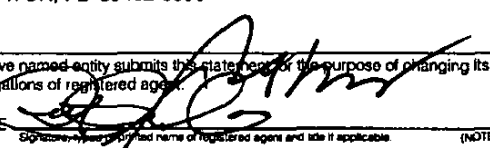
Applied For
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**REDGRAVE & TURNER LLP
C/O REDGRAVE & OLIVER LLP
120 E PALMETTO PARK RD STE 450
BOCA RATON, FL 33432-6090**

7. Name and Address of New Registered Agent
Name
BOET R. OLIVER, Esq.
Street Address (P.O. Box Number is Not Acceptable)
**BOET R. OLIVER, P.A.
2060 N.W. Boca Raton Blvd, Suite 6
City
Boca Raton FL Zip Code
33431**

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 retreating) DATE **4/25/05**

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	MGR MORRIS, SCOTT 99 SE MIZNER BLVD BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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

Date

Daytime Phone #

4/25/05 561