FILED
Jun 13, 2005 8:00 am
Secretary of State
04-29-2005 90061 020 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011675

1. Entity Name
HIGHLAND BEACH CLUB REALTY, LLC

30009298

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

2. Principal Place of Business		3. Mailing Address	
c/o Boret R Olivier, P.A		c/o Boret R Olivier, 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, Florida		City & State: Boca Raton, Florida	
Zip: 33431	Country: USA	Zip: 33431	Country: USA

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number ~~APPLIED FOR~~ 02-0684951 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REDGRAVE & TURNER LLP C/O REDGRAVE & OLIVER LLP 120 E PALMETTO PARK RD STE 450 BOCA RATON, FL 33432-6090	Name: Boret R. Olivier, Esq. Street Address (P.O. Box Number is Not Acceptable): Boret R. Olivier, 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: [signature] 4/20/05
Signature, typed or printed name of registered agent and title if applicable (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

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] 4/25/05 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #