2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000013211

1. Entity Name
HIGH LAND, LLC

Principal Place of Business	Mailing Address
1025 COUNTY ROAD 17 NORTH	1025 COUNTY ROAD 17 NORTH
LAKE PLACID, FL 33852	LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

b0045343

04242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

SMOAK, JOHN F JR.
1025 COUNTY RD 17 N.
LAKE PLACID, FL 33852

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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 _____

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, 2007**

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	SMOAK GROVES, INC.
STREET ADDRESS	1025 COUNTY RD 17 N.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ -VP/Smoak_____ 4/27/07   863-465-2561

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