


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90049 016 ****55.00

DOCUMENT # L03000020344	
1. Entity Name HIGHLAND APARTMENTS, L.L.C.	

Principal Place of Business 5630 NE 18TH AVE FORT LAUDERDALE, FL 33334	Mailing Address 5630 NE 18TH AVE FORT LAUDERDALE, FL 33334
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14025685



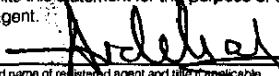
2. Principal Place of Business		3. Mailing Address 2601 NE 18 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State POMPANO BEACH FL.	
Zip	Country	Zip 33062	Country BROWARD

07072004 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2099582	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BLVD., STE. 820 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name SORIN ARDELEAN Street Address (P.O. Box Number is Not Acceptable) 2601 NE 18 STREET City POMPANO BEACH FL Zip Code 33062	
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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 	DATE

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARDELEAN, SORIN 5630 NE 18TH AVE FORT LAUDERDALE, FL 33334 <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
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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: 	Date 7/12/04 (954) 786-0578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	