


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90036 009 \*\*\*\*55.00

<b>DOCUMENT # L03000020344</b>	
1. Entity Name HIGHLAND APARTMENTS, L.L.C.	

Principal Place of Business 5630 NE 18TH AVE FORT LAUDERDALE, FL 33334	Mailing Address 2601 NE 18 STREET POMPANO BEACH, FL 33062
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20000392



2. Principal Place of Business		3. Mailing Address 3768 W COQUINA WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WESTON FL	
Zip	Country	Zip	Country
		33332	FLORIDA

01082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2099582		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ARDELEAN, SORIN 2601 NE 18 STREET POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name: ARDELEAN, SORIN Street Address (P.O. Box Number is Not Acceptable): 3768 W COQUINA WAY City: WESTON FL Zip Code: 33332

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: 1/8/06

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	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	MGRM ARDELEAN, SORIN 3768 W COQUINA WAY WESTON FL 33332 <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
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 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:  DATE: 1/8/06

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