


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000038204	
1. Entity Name HIGHLANDS INVESTMENTS 1, LLC	

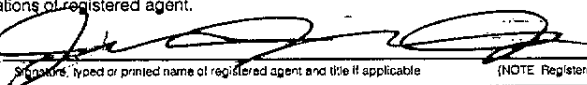
Principal Place of Business 12445 GUILFORD WAY WELLINGTON, FL 33414	Mailing Address 12445 GUILFORD WAY WELLINGTON, FL 33414
---	---

DO NOT WRITE IN THIS SPACE

01172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2216244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROACH, JEROME J 12445 GUILFORD WAY WELLINGTON, FL 33414	DO NOT WRITE IN THIS SPACE
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 	JEROME J ROACH 12445 GUILFORD WAY WELLINGTON, FL 33414	1-18-05
---	--	---------

Filing Fee is \$50.00 Due by May 1, 2005	U000000186629 01/21/05-80063-008 50.00
---	---

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROACH, JEROME J 12445 GUILFORD WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	JEROME J ROACH 12445 GUILFORD WAY WELLINGTON, FL 33414	1-18-05	561-798-1424
--	--	---------	--------------

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