

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048694

**FILED**  
**Feb 18, 2005**  
**Secretary of State**

**Entity Name:** HIGHLANDS ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

614 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711

**New Principal Place of Business:**

630 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711

**Current Mailing Address:**

614 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711

**New Mailing Address:**

630 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711

**FEI Number:** 57-1194780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHNSON, JULIA L  
614 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

JOHNSON, JULIA L  
630 SOUTH GRAND HIGHWAY  
CLERMONT, FL 34711 US

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.

**SIGNATURE:**

02/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** JOHNSON, JULIA L  
**Address:** 614 SOUTH GRAND HIGHWAY  
**City-St-Zip:** CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** JOHNSON, JULIA L  
**Address:** 630 SOUTH GRAND HIGHWAY  
**City-St-Zip:** CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** JULIA JOHNSON

MGR

02/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date