2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055036

HIGHLINE PROPERTIES, L.L.C.



FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

114 HIGHLINE DRIVE LONGWOOD, FL 32750 Mailing Address

P.O. BOX 5200021 LONGWOOD, FL 32752-0021

04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2430156 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E 28 WEST CENTRAL BLVD., SUITE 401 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or	r both, in the State of Florida. I am familiar with, and accept	į
SIGNATURE				
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2005		er sign	
9.	MANAGING MEMBERS/MANAGERS	.1		-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANTA, SCOTT 114 HIGHLINE DRIVE LONGWOOD, FL 32750		U00000359596 05/04/05-80162-005 100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAUN, PATRICK 114 HIGHLINE DR LONGWOOD, FL 32750			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	I THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/28/05 401-260-1953