




FILED
Apr 21, 2005 8:00 am
Secretary of State

02-01-2005 90119 046 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000032698			
1. Entry Name HIGARD, LLC			
Principal Place of Business 2312 NORTH MIAMI AVENUE MIAMI FL 33127		Mailing Address 3312 NORTH MIAMI AVENUE MIAMI FL 33127	
2. Principal Place of Business		3. Mailing Address 1481 Bella Vista Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL Gables, Fla	
Zip		Zip 33136	
Country		Country USA	
4. Name and Address of Current Registered Agent COLLETTI, JOSEPH R 3550 BISCAYNE BOULEVARD, SUITE 610 MIAMI FL 33137		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (DECI); Registered Agent signature (required when releasing)</small>			
			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, WILFREDO V	NAME	
STREET ADDRESS	1481 BELLA VISTA AVENUE	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33138	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLAN, THOMAS J	NAME	
STREET ADDRESS	8951 S.W. 85 STREET	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33173	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- 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)(b), 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 606, Florida Statutes.			
SIGNATURE: W. Douf		Date: 1/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, DIRECTOR, MANAGER, OR AUTHORIZED REPRESENTATIVE		Signature Place: (305) 799-1481	

See Back


Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

ATTACHMENT

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LO400032518

CP 575 B

0532726136

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 05-20-2004
EMPLOYER IDENTIFICATION NUMBER: 41-2136850
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
PHILADELPHIA PA 19255-0023



HIGARD LLC
SANTIAGO WILFREDO MBR
3312 N MIAMI AVE
MIAMI FL 33127