




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

02-01-2005 90119 046 \*\*\*150.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

<b>DOCUMENT # L04000032698</b>			
1. Entry Name <b>HIGARD, LLC</b>			
Principal Place of Business <b>2312 NORTH MIAMI AVENUE MIAMI FL 33127</b>		Mailing Address <b>3312 NORTH MIAMI AVENUE MIAMI FL 33127</b>	
2. Principal Place of Business		3. Mailing Address <b>1481 Bella Vista Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>CORAL Gables, Fla</b>	
Zip		Zip <b>33136</b>	
Country		Country <b>USA</b>	
4. Name and Address of Current Registered Agent <b>COLLETTI, JOSEPH R 3550 BISCAYNE BOULEVARD, SUITE 610 MIAMI FL 33137</b>		5. FB Number <b>41-21368507</b>	
6. Name and Address of New Registered Agent		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	
State		State	
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 _____			
			
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTIAGO, WILFREDO V</b>	NAME	
STREET ADDRESS	<b>1481 BELLA VISTA AVENUE</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>CORAL GABLES FL 33138</b>	CITY- ST- ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAHLAN, THOMAS J</b>	NAME	
STREET ADDRESS	<b>8951 S.W. 85 STREET</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33173</b>	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: <b>W. Douf</b>		DATE: <b>1/20/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, DIRECTOR, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	

*See Back*  


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

ATTACHMENT

3000H52

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