



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		5. FB Number 41-21368507	
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable	
8. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
SIGNATURE		DATE	
SIGNATURE		DATE	
<p>FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>			
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR SANTIAGO, WILFREDO V 1481 BELLA VISTA AVENUE CORAL GABLES FL 33138			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR DAHLAN, THOMAS J 8951 S.W. 85 STREET MIAMI FL 33173			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		Display Name: (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

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