

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000046596

1. Entity Name
HIGHLAND COASTAL PROPERTIES, LLC



Principal Place of Business
116 LAKEWOOD DRIVE
THOMASVILLE, GA 31792

Mailing Address
C/O ORMAND E. HUNTER, JR.
116 LAKEWOOD DRIVE
THOMASVILLE, GA 31792



07072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1261752

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, TOM S
206 EAST 4TH STREET
PORT ST. JOE, FL 32456

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000569878

07/13/06-80007-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTER, ORMAND E JR 116 LAKEWOOD DRIVE THOMASVILLE, GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCINTOSH, GEORGE C 116 LAKEWOOD DRIVE THOMASVILLE, GA 31792
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-7-06

Date

229-228-7449

Daytime Phone #