


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90031 050 ****50.00

DOCUMENT # L04000049845	
1. Entity Name HIGHLANDS, LLC	

Principal Place of Business 1532 US 41 BYPASS SUITE 265 VENICE, FL 34293	Mailing Address 1532 US 41 BYPASS SUITE 265 VENICE, FL 34293
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2. Principal Place of Business 251 TAMiami TRl.S.	3. Mailing Address 251 TAMiami TRl.S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VENICE FL	City & State VENICE FL
Zip 34285	Zip 34285
Country U.S.A.	Country U.S.A.



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2472426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BARKER, JOHN W 281 ALSACE AVENUE VENICE, FL 34293	7. Name and Address of New Registered Agent Name BARKER, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 232 SAINT AUGUSTINE, E105 City VENICE FL Zip Code 34285
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURNHAM, DONALD R 1532 US 41BYPASS, SUITE 265 VENICE, FL 34293 <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
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donald R Burnham* **5/3/05** **941-584-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #