

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000051299

1. Entity Name
HIGHLAND OAKS LAND DEVELOPMENT COMPANY, LLC



Principal Place of Business

~~215 SOUTH MONROE STREET, SUITE 130~~
TALLAHASSEE, FL 32301

Mailing Address

~~215 SOUTH MONROE STREET, SUITE 130~~
TALLAHASSEE, FL 32301

3065 HIGHLAND OAKS TERRACE

FILED
2006 APR -7 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOWLES, HAROLD M
~~215 SOUTH MONROE STREET, SUITE 130~~
TALLAHASSEE, FL 32301

3065 HIGHLAND OAKS TERRACE

**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 of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KNOWLES, HAROLD M
STREET ADDRESS ~~215 SOUTH MONROE STREET, SUITE 130~~
CITY-ST-ZIP TALLAHASSEE, FL 32301 **3065 HIGHLAND OAKS TERRACE**

600070445426
04/14/06--01024--014 **50.00

**DO NOT WRITE
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

Date

Daytime Phone #