2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90195 018 ****50.00

DOCUMENT # L04000058073

1. Entity Name
HIGHLANDS WAREHOUSES, L.L.C.

Principal Place of Business	Mailing Address
214 HILLCREST, SUITE 2 LAKELAND, FL 33815	214 HILLCREST, SUITE 2 LAKELAND, FL 33815

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4683 East CR 540A	Suite, Apt. #, etc.: 4683 East CR 540A
City & State:	City & State: Lakeland, FL
Zip: 33813 Country: USA	Zip: 33813 Country: USA

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-1481386 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCQUILLEN, DUANE
214 HILLCREST, SUITE 2
LAKELAND, FL 33815

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 4683 East CR 540A
City: Lakeland FL Zip Code: 33813

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: Duane McQuillen
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MCQUILLEN, DUANE 214 HILLCREST, SUITE 2 LAKELAND, FL 33815	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	4683 East CR 540A Lakeland, FL 33813	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR MILLER, RICHARD A 2323 SOUTH FLORIDA AVE LAKELAND, FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: Duane McQuillen 3/22/2006 863 647-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #