2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 10, 2005 8:00 am Secretary of State **DOCUMENT # L04000070803** HIGHLAND PARKS CONSTRUCTION, LLC 01-10-2005 90056 036 ****50.00 Mailing Address Principal Place of Business P.O DRAWER 1327 29 NEGLINPARKVAY FORTWALTON BEACH FL 32548 FORT WALTON BEACH, PL 32549 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 35-2238448 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SNEED, DARREN M Street Address (P.O. Box Number is No Acceptable) 29 N EGLIN PARKWAY FORT WALTON BEACH, FL 32548 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office on egistered 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) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR ☐ Addition Defete ☐ Chance TITLE TITI F SNEED, DARREN M NAME NAME 29 N EGLIN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE NAME SNEED, JASON C NAME 29 N EGLIN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-7P ☐ Delete ☐ Addition TITLE TITS F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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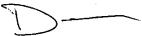
STREET ADDRESS CITY-ST-ZIP

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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.