
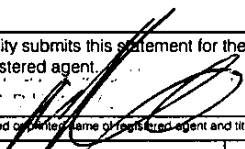
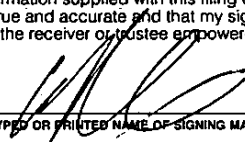


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90073 016 ****50.00

DOCUMENT # L04000085090 1. Entity Name HIGHLAND MORTGAGE, LLC					
Principal Place of Business 4110 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813			Mailing Address 4110 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813		
2. Principal Place of Business 3020 S FLORIDA AVE Suite, Apt. #, etc. Suite 101 City & State Lakeland FL Zip 33803		3. Mailing Address 3020 S FLORIDA AVE Suite, Apt. #, etc. Suite 101 City & State Lakeland FL Zip 33803			
02142005 Chg-LLC CR2E083 (10/03)				4. FEI Number 52-2447279	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, ROBERT J 4110 SOUTH FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Robert J Adams Street Address (P.O. Box Number is Not Acceptable) 3020 S. Florida Ave Suite 101 City Lakeland FL Zip Code 33803		
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 			DATE 2/14/05 Registered Agent		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR <input type="checkbox"/> Delete NAME HIGHLAND HOLDINGS, INC. STREET ADDRESS 4110 SOUTH FLORIDA AVENUE, SUITE 200 CITY-ST-ZIP LAKELAND, FL 33813	TITLE 3020 S. FLORIDA, STE 101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lakeland, FL STREET ADDRESS 33803 CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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.					
SIGNATURE: 			DATE 2/14/05 (863) 619-7103		