### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L04000085090

1. Entity Name

HIGHLAND MORTGAGE, LLC



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

3020 SOUTH FLORIDA AVENUE

SUITE 101 LAKELAND, FL 33803 Mailing Address

3020 SOUTH FLORIDA AVENUE SUITE 101

LAKELAND, FL 33803



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2447279

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J 3020 SOUTH FLORIDA AVENUE SUITE 101 LAKELAND, FL 33803

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|            | e named entity submits this statement for the purpose of chang               | ing its registered office or registered agent, or both       | , in the State of Florida. I am familiar with, | and accept |
|------------|--|--|--|------------|
| the obliga | ations of registered agent   |  |  |            |
| SIGNATURE  |  |  |  |            |
|            | 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, 2007

| 9. MANAGING MEMBERS/MANAGERS                   |   |  |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>HIGHLAND HOLDINGS, INC.<br>3020 SOUTH FLORIDA AVENUE SUITE 101<br>LAKELAND, FL 33803 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |

U00000631865 02/20/07-80064-015 50.00

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11. I hereby certify that the information supplied with this filling 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

2/1/07

863) 6A-710