2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L05000015328

Entity Name: HIGHLANDS, LLC

Current Principal Place of Business:

7800 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256

New Principal Place of Business:

4446 HENDRICKS AVE
SUITE 412
JACKSONVILLE, FL 32207 US

Current Mailing Address:

7800 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256

New Mailing Address:

4446 HENDRICKS AVE
SUITE 412
JACKSONVILLE, FL 32207 US

FEI Number: 20-2650459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAY, CATHERINE J
7800 BELFORT PARKWAY
SUITE 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GRAY, CATHERINE J
4446 HENDRICKS AVE
SUITE 412
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: 05/01/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: WILSON, JOHN S
Address: 4446 HENDRICKS AVE SUITE 412
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR ( ) Change (X) Addition
Name: GRAY, CATHERINE J
Address: 4446 HENDRICKS AVE SUITE 412
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR ( ) Change (X) Addition
Name: WILSON, ALEXANDER S
Address: 4446 HENDRICKS AVE SUITE 412
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR ( ) Change (X) Addition
Name: WILSON, STUART R
Address: 4446 HENDRICKS AVE SUITE 412
City-St-Zip: JACKSONVILLE, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHERINE J GRAY MGR 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date