

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015328

Entity Name: HIGHLANDS, LLC

FILED  
Apr 15, 2008  
Secretary of State

**Current Principal Place of Business:**

4446 HENDRICKS AVE  
SUITE 412  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 HENDRICKS AVE  
SUITE 412  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 20-2650459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

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

**ADDITIONS/CHANGES:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

MGRM

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date