2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015331

Name:

Address:

City-St-Zip:

DEBOY, D ROGER

358 ROSWELL ST SUITE 1200

MARIETTA, GA 30060 US

Entity Name: HIGHLANDS GROVE, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4446 HENDRICKS AVE SUITE 412 JACKSONVILLE, FL 32207 US **New Mailing Address: Current Mailing Address:** 4446 HENDRICKS AVE SUITE 412 JACKSONVILLE, FL 32207 US FEI Number: 20-2650554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WILSON, JOHN S Name: Name: Address: 4446 HENDRICKS AVE SUITE 412 Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GRAY, CATHERINE J Name: Address: 4446 HENDRICKS AVE SUITE 412 Address: City-St-Zip: JACKSONVILLE, FL 32207 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition JONES, LARRY Name: Name: 358 ROSWELL ST SUITE 1200 Address: Address: City-St-Zip: MARIETTA, GA 30060 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CATHERINE J GRAY MGR 04/29/2009