

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028050

Entity Name: HIGHLANDS FINANCIAL, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

5611 EMERALD RIDGE BLVD.
LAKELAND, FL 33813

New Principal Place of Business:

63 LAKE MORTON DRIVE
LAKELAND, FL 33801

Current Mailing Address:

5611 EMERALD RIDGE BLVD.
LAKELAND, FL 33813

New Mailing Address:

63 LAKE MORTON DRIVE
LAKELAND, FL 33801

FEI Number: 20-2535983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINING, GEOFFREY
129 S. KENTUCKY AVENUE
SUITE 702
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

JEFFERY, NIGEL
63 LAKE MORTON DRIVE
LAKELAND, FL 33801 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: NIGEL JEFFERY

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOSS, MICHAEL C
Address: 5611EMERALD RIDGE BLVD.
City-St-Zip: LAKELAND, FL 33813

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JEFFERY, NIGEL S
Address: 63 LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: MGR () Change (X) Addition
Name: BROWN, BARRY E
Address: 1 PAGET CT KIBWORTH-BEAUCHAMP
City-St-Zip: LEICESTERSHIRE ENGLAND, UK 00000

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: NIGEL JEFFERY

MGRM

04/17/2006

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