

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000038110

1. Entity Name
HIGH COUNTRY LAND DEVELOPMENT, L.L.C.



Principal Place of Business
16507 BRIDGE END RD.
MIAMI LAKES, FL 33014

Mailing Address
16507 BRIDGE END RD.
MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
76-0790018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ROLANDO A
16507 BRIDGE END RD.
MIAMI LAKES, FL 33014

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations 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
MGRM
MAGUIRE, JOHN
450 N.W. 200 AVE.
PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLANCO, LUIS A
14421 S.W. 78TH ST.
MIAMI, FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTIN, ROLANDO A
16507 BRIDGE END RD.
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ABIN, ARTURO JR.
16507 BRIDGE END RD.
MIAMI LAKES, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000605331
01/30/07-80030-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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

Rolando A. Martin

1/23/07

305-308-7242

Date

Daytime Phone #