

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
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**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

000000785891
01/17/08-80017-014 138.75

**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

1-14-08

Date

305 308 7242

Daytime Phone #