## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** 03-05-2007 90281 018 \*\*\*\*50.00 **DOCUMENT # L05000093848** HIGHLANDS LANDING, L.L.C. Principal Place of Business Mailing Address 5529 U.S. HIGHWAY 98 NORTH 5529 U.S. HIGHWAY 98 NORTH 30003412 LAKELAND, FL 33809 LAKELAND, FL 33809 CR2E083 (11/05) 01152007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 20-3524256 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SAUNDERS, JOE L DO NOT WRITE **5529 U.S. HIGHWAY 98 NORTH** LAKELAND, FL 33809 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyperd or prentad name of registered agent and use if applicable. (NOTE: Registered Agent signesure recurred when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SAUNDERS, JOE L NAME STREET ADDRESS 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE City-St-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST- ZP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 memoer 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: aunter

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 27, 2007 8:00 am

Daylime Phone #