

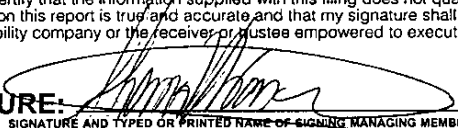


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90028 027 ****50.00

DOCUMENT # L05000103781					
1. Entity Name HIGHLAND PARK RETAIL LLC					
Principal Place of Business 1975 SANSBURY WAY 101 WEST PALM BEACH, FL 33411			Mailing Address P.O. BOX 212286 ROYAL PALM BEACH, FL 33421		
2. Principal Place of Business <i>1975 SANSBURY'S WAY</i>		3. Mailing Address <i>SUITE 101</i>			
Suite, Apt. #, etc. <i>SUITE 101</i>		Suite, Apt. #, etc. <i>SUITE 101</i>			
City & State <i>WEST PALM BEACH</i>		City & State <i>WEST PALM BEACH</i>			
Zip <i>33411</i>		Zip <i>33411</i>			
4. FEI Number <i>20-3715772</i>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04182006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CHARTERED LAW FIRM OF AUBIN WADE ROBINSON 505 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES FRASER, SHERRON P.O. BOX 212286 ROYAL PALM BEACH, FL 33421	<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP		MANAGER SHERRON V. FRASER PO BOX 212286 ROYAL PALM BEACH FL 33421			
<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
<div style="text-align: right;"><input type="checkbox"/> Delete</div> TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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:  <div style="float: right;"> 4/17/06 561-756-4788 Date Daytime Phone # </div>					