


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90131 048 ****55.00

DOCUMENT # L06000003115	
1. Entity Name HIGHLANDS COASTAL CONSTRUCTION, LLC	

Principal Place of Business 435 KRUEGER PARKWAY STUART, FL 34996	Mailing Address 435 KRUEGER PARKWAY STUART, FL 34996
------------------------------------------------------------------------	------------------------------------------------------------

60024003

2. Principal Place of Business - No P.O. Box # 3781 SW CANOE CREEK TER Suite, Apt. #, etc.	3. Mailing Address 3781 SW CANOE CREEK TER Suite, Apt. #, etc.
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------



03092007 Chg-LLC CR2E083 (12/06)

City & State PALM CITY FL	City & State PALM CITY FL
Zip 34990	Zip 34990
Country	Country

4. FEL Number 54-2191189	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SINES, STEPHEN F 435 KRUEGER PARKWAY STUART, FL 34996

7. Name and Address of New Registered Agent Name STEPHEN F. SINES Street Address (P.O. Box Number is Not Acceptable) 3781 SW CANOE CREEK TER City PALM CITY FL Zip Code 34990

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 STEPHEN F. SINES Signature, typed or printed name of registered agent and title if applicable.	DATE 2/12/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---------------------------------------------	------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINES, STEPHEN F 435 KRUEGER PARKWAY STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN F. SINES 3781 SW CANOE CREEK TER PALM CITY FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 3/12/07 Daytime Phone # (954) 258-1448