

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000006229

Entity Name: HIGHLAND U.S. LLC

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

129 CYPRESS BREEZE BLVD. NORTH  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 CYPRESS BREEZE BLVD. NORTH  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

90 MADIE LANE  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 26-2114614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORMAN, MCLEAN R  
129 CYPRESS BREEZE BLVD. NORTH  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LUTZ, DAVID L  
Address: 129 CYPRESS BREEZE BLVD. N  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGRM  
Name: MCLEAN, NORMAN R  
Address: 129 CYPRESS BREEZE NORTH  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID LUTZ

MGRM

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date