

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008699

Entity Name: K-JAMS HIGHLANDS, LLC

FILED
Mar 24, 2007
Secretary of State

Current Principal Place of Business:

2527 SUMMITVIEW DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

2527 SUMMITVIEW DRIVE
LAKELAND, FL 33812

Current Mailing Address:

2527 SUMMITVIEW DRIVE
LAKELAND, FL 33813

New Mailing Address:

2527 SUMMITVIEW DRIVE
LAKELAND, FL 33812

FEI Number: 20-4395460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, KATHERINE M
2527 SUMMITVIEW DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

LOWE, KATHERINE M
2527 SUMMITVIEW DRIVE
LAKELAND, FL 33812 US

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:

03/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOWE, KATHERINE M
Address: 2527 SUMMITVIEW DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: KELLY, KAREN M
Address: 2527 SUMMITVIEW DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOWE, KATHERINE M
Address: 2527 SUMMITVIEW DRIVE
City-St-Zip: LAKELAND, FL 33812

Title: MGRM (X) Change () Addition
Name: KELLY, KAREN M
Address: 2757 MONTE CARLO COURT
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KATHERINE M LOWE

MGRM

03/24/2007

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