

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000010191

FILED
May 15, 2009
Secretary of State**Entity Name:** 1204 HIGHLAND PLACE, LLC**Current Principal Place of Business:**17501 BISCAYNE BLVD
340
NORTH MIAMI BEACH, FL 33160**New Principal Place of Business:****Current Mailing Address:**17501 BISCAYNE BLVD
340
NORTH MIAMI BEACH, FL 33160**New Mailing Address:****FEI Number:** 20-4212578 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUEVAS, ANDREW ESQ.
CUEVAS & ORTIZ, P.A.
536 BILTMORE WAY
CORAL GABLES, FL 33134 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 () Delete
Name: CARDENAS, LUIS
Address: 17501 BISCAYNE BLVD # 340
City-St-Zip: NORTH MIAMI BEACH, FL 33160**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: CIANCI, FRANCESCO
Address: 1625 79 ST CSWY # 602
City-St-Zip: NORTH BAY VILLAGE, FL 33141**Title:** MGRM () Change (X) Addition
Name: HAWLEY, IGNACIO J
Address: 2840 SW 3RD AVE
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify 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: ANTONIO GASTELBONDO

SEC

05/15/2009

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