## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000045324

Entity Name: TOPPEL HIGHLANDS, LLC

FILED Aug 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 **Current Mailing Address: New Mailing Address:** 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 FEI Number: 20-5621874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAUER, SHERI 7900 GLADES ROAD, SUITE 600 BOCA RATON, FL 33434 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TOPPEL MANAGEMENT IN, C Name: Name: 7900 GLADES RD, SUITE 600 Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: TOPPEL, MICHAEL Address: Address: 7900 GLADES RD. SUITE 600 City-St-Zip: City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: ( ) Change (X) Addition TOPPEL, JONATHAN Name: Name: 7900 GLADES RD, SUITE 600 Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: ( ) Change (X) Addition Name: Name: TOPPEL, JEFFREY Address: Address: 7900 GLADES RD, SUITE 600 City-St-Zip: City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: ( ) Change (X) Addition TOPPEL, JENNIFER Name: Name: 7900 GLADES RD, SUITE 600 Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: ( ) Change (X) Addition SAUER, SHERI Name: Name: Address: Address: 7900 GLADES RD, SUITE 600 BOCA RATON, FL 33434 City-St-Zip: City-St-Zip:

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: SHERI SAUER S 08/28/2008