

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066191

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HIGHLANDS HURRICANE PROTECTION, LLC

**Current Principal Place of Business:**

20 WEST HIBISCUS  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 HICKORY AVE  
LAKE PLACID, FL 33852 US

**New Mailing Address:**

FEI Number: 20-5143432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, BROOKE A  
2 HICKORY AVE  
LAKE PLACID, FL 33852 US

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

TAYLOR, BROOKE A  
2 HICKORY AVE  
LAKE PLACID, FL 33852 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: BROOKE A TAYLOR

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP ( ) Delete  
Name: FOSTER, BROOKE A  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: P ( ) Delete  
Name: FOSTER, GREGG S  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S ( ) Delete  
Name: FOSTER, BRENDA M  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: D ( ) Delete  
Name: MALOY, SOMMER N  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852 US

**ADDITIONS/CHANGES:**

Title: VP (X) Change ( ) Addition  
Name: TAYLOR, BROOKE A  
Address: 2 HICKORY AVE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: BRENDA MARIE FOSTER

S

04/28/2009

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