2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089281

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

DOTSON, ANDREA M

1808 HAZLETT STREET

EL DORADO, KS 67042

Entity Name: HIGHLAND FALLS INVESTMENT LLC

FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10524 MOSS PARK ROAD, SUITE 204 #303 ORLANDO, FL 32832 **Current Mailing Address: New Mailing Address:** 10524 MOSS PARK ROAD, SUITE 204 #303 ORLANDO, FL 32832 FEI Number: 20-5553865 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: SHELTON, MICHAEL 11232 BUGENHAGEN DRIVE ORLANDO, FL 32832 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: MGRM Title: () Change () Addition () Delete SHELTON, MICHAEL A Name: Name: 11232 BUGENHAGEN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SHELTON, CARRON A Name: Name: Address: 11232 BUGENHAGEN DRIVE Address: City-St-Zip: ORLANDO, FL 32832 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KNIGHT, CARA R Name: Name: Address: 2378 BRIARLEIGH WAY Address: City-St-Zip: DUNWOODY, GA 30338 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SHELTON, KIMBERLY Name: Address: 6141 RHONE DR. Address: City-St-Zip: CHARLOTTE, NC 28226 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: MICHAEL A SHELTON MGRM 03/29/2009