

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094442

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** HIGHLAND TITLE COMPANY OF HIALEAH, L.L.C.

**Current Principal Place of Business:**

6625 MIAMI LAKES DRIVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

2924 DAVIE ROAD  
SUITE 200  
DAVIE, FL 33314 US

**Current Mailing Address:**

6625 MIAMI LAKES DRIVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

2924 DAVIE ROAD  
SUITE 200  
DAVIE, FL 33314 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

KAHN, HOWARD N  
6625 MIAMI LAKES DRIVE  
SUITE 310  
MIAMI LAKES, FL 33014 US

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

KAHN, HOWARD N  
2924 DAVIE ROAD  
SUITE 200  
DAVIE, FL 33314 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: HOWARD N. KAHN

02/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAHN, HOWARD N  
Address: 6625 MIAMI LAKES DRIVE, SUITE 310  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KAHN, HOWARD N  
Address: 2924 DAVIE ROAD, SUITE 200  
City-St-Zip: DAVIE, FL 33314

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: HOWARD N. KAHN

MGR

02/07/2008

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