

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106719

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** HIGHRISE PROPERTIES REAL ESTATE, LLC

**Current Principal Place of Business:**

6415 LAKE WORTH  
SUITE 208  
GREENACRES, FL 33463

**New Principal Place of Business:**

6415 LAKE WORTH RD.  
SUITE 208  
GREENACRES, FL 33463

**Current Mailing Address:**

6415 LAKE WORTH  
SUITE 208  
GREENACRES, FL 33463

**New Mailing Address:**

6415 LAKE WORTH RD.  
SUITE 208  
GREENACRES, FL 33463

**FEI Number:** 42-1719022

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINANCIAL CONSOLIDATED GROUP OF AMERICA  
6415 LAKE WORTH  
SUITE 208  
GREENACRES, FL 33463 US

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

FINANCIAL CONSOLIDATED GROUP OF AMERICA  
6415 LAKE WORTH RD.  
SUITE 208  
GREENACRES, FL 33463 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:

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LLANEZA, RAMON F  
Address: 11780 OSPREY POINTE CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LLANEZA, RAMON F MGR  
Address: 11780 OSPREY POINTE CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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: RAMON F. LLANEZA

MGR

04/16/2007

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