## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L06000107386

1. Entity Name 86 HIGHLANDS AVENUE, LLC



Principal Place of Business

227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301

Mailing Address

P.O. BOX 391

TALLAHASSEE, FL 32302

## **FILED** Jan 10, 2008 08:00 AN Secretary of State



01082008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE_			2475					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE					
FILE	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75							
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TITLE	MGR							
NAMÉ	PIERCE, ROBERT A							
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11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 1/09/2008

(850) 425-5484

Date

Davlime Phone #