

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**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**



01082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
**MGR**  
NAME  
**PIERCE, ROBERT A**  
STREET ADDRESS  
**227 SOUTH CALHOUN STREET**  
CITY- ST- ZIP  
**TALLAHASSEE, FL 32301**

TITLE  
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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:**

*Robert A. Pierce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/09/2008**

Date

**(850) 425-5484**

Daytime Phone #