


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90118 030 ***138.75

DOCUMENT # L07000081928 1. Entity Name HIGHLAND FALLS PARTNERS, L.L.C.																													
Principal Place of Business 627 EAGLE WATCH LANE OSPREY, FL 34229 US			Mailing Address 627 EAGLE WATCH LANE OSPREY, FL 34229 US																										
2. Principal Place of Business - No P.O. Box # 2151 Cannon Way Suite, Apt. #, etc.		3. Mailing Address 2151 Cannon Way Suite, Apt. #, etc.																											
City & State Marietta Ga. Zip 30064 Country USA		City & State Marietta Ga. Zip 30064 Country USA		4. FEI Number 26-0708046 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent HENDERSON, CHARLES M 627 EAGLE WATCH LANE OSPREY, FL 34229			7. Name and Address of New Registered Agent Name Mae Armstrong Street Address (P.O. Box Number is Not Acceptable) 1426 Keyway Rd. City Englewood FL Zip Code 34223																										
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 <u>Mae Armstrong</u> <u>Mae Armstrong</u> 1/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAXWELL HOLDINGS, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>627 EAGLE WATCH LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OSPREY, FL 34229</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	MAXWELL HOLDINGS, INC.		STREET ADDRESS	627 EAGLE WATCH LANE		CITY-ST-ZIP	OSPREY, FL 34229		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Maxwell Holdings, Inc</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2151 Cannon Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Marietta Ga. 30064</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Maxwell Holdings, Inc		STREET ADDRESS	2151 Cannon Way		CITY-ST-ZIP	Marietta Ga. 30064	
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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: <u>Bradley E. Henderson</u> 1/17/08 7107944561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													