2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L07000108744

Entity Name: HIGHLAND BLVD. PROPERTIES, L.L.C.

Current Principal Place of Business:

117 NORTH SEMINOLE AVENUE
INVERNESS, FL 34450

New Principal Place of Business:

301 W. HIGHLAND BLVD
INVERNESS, FL 34452

Current Mailing Address:

P.O. BOX 583
INVERNESS, FL 34451

New Mailing Address:

FEI Number: 59-3676487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZPATRICK, SHAWN R
213 NORTH APOPKA AVENUE
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FITZPATRICK, NANCY B
Address: 105 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM ( ) Delete
Name: VAN ALLEN, LINDA C
Address: 117 NORTH SEMINOLE AVENUE
City-St-Zip: INVERNESS, FL 34450

Title: MGRM ( ) Delete
Name: HIMMEL, SANDRA C
Address: 201 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LINDA C. VANALLEN MGR 01/19/2009

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