


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90199 029 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L93000000030</b><br>1. Entity Name<br>HIGHLAND DEVELOPMENT COMPANY, L.C.   |  |  |   |    |  |
| Principal Place of Business<br>1135 EAST AVE.<br>CLERMONT, FL 34711  |  |  | Mailing Address<br>1135 EAST AVE.<br>CLERMONT, FL 34711 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.               |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country  |   | Zip   |  |
| Country  |  | Country  |   | 4. FEI Number<br>59-3165229   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |   | 03012006 Chg-LLC CR2E083 (11/05)  |  |
| 6. Name and Address of Current Registered Agent<br>LADD, DALE<br>10017 CANAL DR.<br>CLERMONT, FL 34711   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <u>Dale Ladd</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>13741 Canal Drive</u><br>City <u>Clermont</u> FL Zip Code <u>34711</u> |  |
| 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>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  | <u>Dale J. Ladd</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <u>3/3/06</u><br><small>DATE</small>  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>                                       |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES                                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MEM<br>GLOVER, GEORGE<br>1135 EAST AVE<br>CLERMONT, FL | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LADD, DALE<br>1135 EAST AVE<br>CLERMONT, FL     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MEM<br>LADD, DARRYL<br>1135 EAST AVE<br>CLERMONT, FL   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  | <u>Dale J. Ladd</u><br><small>Date</small>   |   | <u>3/3/06</u> <u>352-394-8708</u><br><small>Daytime Phone #</small>   |  |