2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001532

1. Entity Name
HIGHLAND DEVELOPMENT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
327 PLAZA STE 309 BOCA RATON, FL 33432	327 PLAZA STE 309 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
58-2458692
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIRENZO, AUGUST A
327 PLAZA REAL, SUITE 309
BOCA RATON, FL 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DIRENZO, AUGUST A
STREET ADDRESS	327 PLAZA REAL STE 309
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	DIRENZO, JAMES C
STREET ADDRESS	327 PLAZA REAL STE 309
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000044800
02/11/04-80026-016 55.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: AUGUST A DIRENZO 01.19.04 561-361-4008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #