

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 19, 2005 08:00 AM  
Secretary of State

DOCUMENT # L99000001532

1. Entity Name  
HIGHLAND DEVELOPMENT ASSOCIATES, LLC



Principal Place of Business

327 PLAZA  
STE 309  
BOCA RATON, FL 33432

Mailing Address

327 PLAZA  
STE 309  
BOCA RATON, FL 33432



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
58-2458692

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

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

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

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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

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

MGRM  
DIRENZO, JAMES C  
327 PLAZA REAL STE 309  
BOCA RATON, FL 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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01/21/05-80010-015 55.00

DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

1/10/05  
Date

212-441-5034  
Daytime Phone #