2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 03, 2005
Secretary of State

DOCUMENT# L99000001532

Entity Name: HIGHLAND DEVELOPMENT ASSOCIATES, LLC

Current Principal Place of Business:

327 PLAZA
STE 309
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

327 PLAZA
STE 309
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 58-2458692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIRENZO, AUGUST A
327 PLAZA REAL, SUITE 309
BOCA RATON, FL 33432 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: DIRENZO, AUGUST A
Address: 327 PLAZA REAL STE 309
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: DIRENZO, JAMES C
Address: 327 PLAZA REAL STE 309
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SZYMANSKI, WILLIAM R
Address: 327 PLAZA REAL STE 309
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AUGUST DIRENZO MGRM 10/03/2005

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