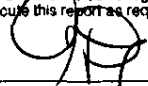


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90690 028 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30068221

DOCUMENT # L99000001532		
1. Entity Name HIGHLAND DEVELOPMENT ASSOCIATES, LLC		
Principal Place of Business 4401 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487		Mailing Address 4401 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487
2. Principal Place of Business 327 PLAZA REAL Suite, Apt. #, etc. Suite 309 City & State BOCA RATON, FL Zip 33432 Country Palm Bch		3. Mailing Address 327 PLAZA REAL Suite, Apt. #, etc. Suite 309 City & State BOCA RATON, FL Zip 33432 Country Palm Bch
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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 resigning.) DATE _____		
FILE NOW!!! FEB 18, 2003 Make check payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIRENZO, AUGUST A 4401 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487 ☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 327 PLAZA REAL - Suite 309 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIRENZO, JAMES C 4401 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487 ☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 327 PLAZA REAL - Suite 309 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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 606, Florida Statutes.		
SIGNATURE: AUGUST A DiRenzo 		4/31/03 561-276-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #

CR2003 (10/02)