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

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

30068221

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001532

1. Entity Name
HIGHLAND DEVELOPMENT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
4401 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487	4401 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487

2. Principal Place of Business	3. Mailing Address
327 PLAZA REAL	327 PLAZA REAL
Suite, Apt. #, etc. ~~Suite 309~~	Suite, Apt. #, etc. Suite 309
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33432 Country PALM BCH	Zip 33432 Country PALM BCH

☑ CHECK HERE IF MAKING CHANGES

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 reinstating) DATE

FILE NOW!!! FEE IS $50.00
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 327 PLAZA REAL - Suite 309 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 4/31/03 561-276-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #