2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001260 AF

DOCUMENT # L99000006875

1. Entity Name
HIGHLAND, L.L.C.

Principal Place of Business	Mailing Address
10640 EMERALD CHASE DRIVE ORLANDO FL 32836	10640 EMERALD CHASE DRIVE ORLANDO FL 32836-5877

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ~~Applied For~~ ☒ ~~Applied For~~ ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET
STE 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name PERUMALSWAMY RAJARAM

Street Address (P.O. Box Number is Not Acceptable)
10640 EMERALD CHASE DR

City ORLANDO **FL** Zip Code 32836

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.

SIGNATURE _____ PERUMALSWAMY RAJARAM TRUSTEE 4-16-00
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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE PERUMALSWAMY RAJARAM ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003274114--8 -06/01700--01084--016 *****50.00 *****50.00
TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	PERUMALSWAMY RAJARAM 10640, EMERALD CHASE DR ORLANDO - FL - 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARAVI LIMITED PARTNERSHIP 10640, EMERALD CHASE DR ORLANDO, FL - 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJ-RANI LIMITED PARTNERSHIP 10640, EMERALD CHASE DR ORLANDO, FL - 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: SIGNATURE REQUIRED 4-16-00 863-421-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #