DOCUMENT # L 99000  1. Entity Name HIGHLAND L		,	(00)		S.				
					FILED				
Principal Place of Business	pal Place of Business Mailing Address : SAME				2001 APR 20 PM 2: 0.				
10640, emerald chase or					DIVISION OF CORPOR				
ORLANDD, FL - 32836					DIVISION OF CORPORATIONS FALLAHASSEE, FLORIDA				
2. Principal Place of Business	3. Mailing Address								
Suite, Apt. #, etc.	, etc. Sulte, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	City & State			4. FEIN	umber		<del></del>	pplied For	7
Zip Country	Zip Country			5. Certifi	cate of Status Desire		5.00 Ad		7
6. Name and Address of Current F	Registered Agent			7. Name	and Address of Ne		ee Require	eo	_
•			Name P	RAJAR	lam.				
			Street Addre	t Address (P.O. Box Number is Not Acceptable)					-
		<del>  -</del>	·	LANDO		FL	Zip Cod	le 32836	
8. The above named entity submits this statement for	the purpose of changing its	1	•	_	r both, in the State of	Florida.			
SIGNATURE Signature, typed or printed name of registered agent are	nd title Happlicable. (NOTE:	egistere	RAJARI Agent signature req	uired when reinstating	g)	LY-15	-01		
	FILE NO		EE IS \$50.0			- ~			
9. MANAGING MEMBE	<del></del>	10.	<del></del>	· · · · · · · · · · · · · · · · · · ·	ADDITION	NS/CHANGES			1
STREET ADDRESS 10640, emerald	Delete  Chase Da		ET ADDRESS	1	700004 -05/0: ****	1016 1/01010 *50.00 *	L_Change_ ]4501   ****51	<del></del> 07 3.00	2E083 (11/00)
TITLE		TITLE	ST-ZIP	<del>-</del>			☐ Change	☐ Addition	RZEC
NAME STREET ADDRESS CITY-ST-ZIP	*	•	ET ADDRESS ST-ZIP						
TITLE	☐ Delete	TITLE					Change	Addition	1
NAME STREET ADDRESS ( CITY-ST-ZIP			T ADDRESS ST-ZIP						
TITLE NAME	☐ Delete	TITLE NAM				1	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STRE	T ADDRESS ST-ZIP						
TITLE NAME	☐. Delete	TITLE				(	Change	Addition	
STREET ADDRESS			T ADDRESS ST-ZIP						
TITLE  NAME  STREET AŬORESS  CITY-ST-ZIP	☐ Delete		J	_		Į	Change	Addition	
11. I hereby certify that the information supplied with ti indicated on this report is true and accurate and the limited liability company or the receiver or trustee.	nat my signaturė shali have jū	e same	legal effect as i	it made under d	oath; that I am a mar	s. I further certify naging member's	that the in or manager	oformation of the	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF S	SIGNING MANAGING MEMBER, MANA	GER, OR A		BUAR AM	4-15		+07-87	76-939	3