2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0100000715

1. Entity Name HIGHLAND HEALTH INVESTORS, LLC



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4415 PHESANT RIDGE RD., STE. 301 ROANOKE, VA 24014

4415 PHESANT RIDGE RD., STE. 301 ROANOKE, VA 24014



03282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2015397 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

3/29/06 540-772-69

Daytime Phone #

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

SIGNATURE:

SIGNATURE AND TYPED

DO NOT WRITE IN THIS SPACE

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 little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006 U0000542652 05/10/06-80107-009 50.0			U00000542652 05/10/06-80107-009 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, JAMES R 4415 PHEASANT RIDGE ROAD SUITE 301 ROANOKE, VA 24014		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIETRZAK, JAMES R 4415 PHEASANT RIDGE ROAD SUITE 301 ROANOKE, VA 24014		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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.			

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES

SMITH