2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M01000001238

1. Entity Name

2600 HIGHLANDS BOULEVARD, NORTH, LLC

Principal Place of Business

Mailing Address

2600 HIGHLANDS BLVD. NORTH PALM HARBOR, FL 34684 2600 HIGHLANDS BLVD. NORTH PALM HARBOR, FL 34684 60009831



FILED Jan 29, 2007 8:00 am **Secretary of State**

01-29-2007 90139 038 ****55.00

01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1621884

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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 The above named entity submits this statement for the purpose of cha the obligations of registered agent. 	anging its registered office or registered agent, or both, in the \cdot	State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

9. MANAGING MEMBERS/MANAGERS TITLE MGR POLITZ, SAMUEL NAME 34921 US HIGHWAY 19 N, #415 STREET ADDRESS PALM HARBOR, FL 34684 CITY-ST-ZIP Frenden, Administrator TITLE Highlands Blud No NAME STREET ADDRESS Palm Harbor, FL 34684 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-10-07

Daytime Phone #

727-785-56