DOCUMENT # M02000003451

1. Entity Name

HIGHLAND HOUSE APARTMENTS, L.L.C.

FILED

2003 APR 23 PM 3:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
113 Maitland Avenue	19 Kingston Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altamonte Springs, FL	City & State: Monmouth Junction, NJ
Zip: 32701 Country: USA	Zip: 08852 Country: USA

4. FEI Number: 22-3585996 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee, FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $40.00
Make Check Payable to Florida Department of State
DUE BY 4/30/03

100016814235
03--01073--006 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager
NAME	Walter Rosenstock
STREET ADDRESS	19 Kingston Lane
CITY-ST-ZIP	Monmouth Junction, NJ 08852

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CR 1838 (12/02)

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: Walter Rosenstock 3-13-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #