## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M05000002166**

1. Entity Name HIGHLANDER ENTERPRISES, LLC



Principal Place of Business

2060 S. PATRICK DRIVE SATELLITE BEACH, FL 32937 Mailing Address

2060 S. PATRICK DRIVE SATELLITE BEACH, FL 32937

## **FILED** Mar 23, 2007 08:00 A Secretary of State



03012007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number                    |        | Applied For    |
|----|-------------------------------|--------|----------------|
|    | 20-2035042                    |        | Not Applicable |
| 5. | Certificate of Status Desired | \$5.00 | Additional     |

6. Name and Address of Current Registered Agent

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

SIGNATURE:

GATTI, WALTER 2060 S. PATRICK DRIVE SATELLITE BEACH, FL 32937

## DO NOT WRITE IN THIS SPACE

|                                       | e named entity submits this statement for the purpose of char<br>tions of registered agent.  | nging its registered office or registered agent, or   | both, in the State of Florida. I am familiar with, and accept  |
|---------------------------------------|--|---|--|
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE: Registered Agent signature required when reinstating)  | ) DATE   |
| F                                     | iling Fee is \$50.00<br>lue by May 1, 2007   |   |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |   |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | MGR GATTI, WALTER J 2060 S. PATRICK DRIVE SATELLITE BEACH, FL 32937  |   |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | MGR<br>DOWNS, THOMAS M<br>2060 S. PATRICK DRIVE<br>SATELLITE BEACH, FL 32937   |   | U00000675807<br>03/30/07-80034-019 50.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  | DC  | O 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 of indicated limited lia | certify that the information supplied with this filing does not of on this report is true and accurate and that my signature stability company or the receiver of trustee empawered to exercise. | qualify for the exemptions contained in Chapter spall have the same legal effect as if made under spall this report as required by Chapter 608, Fix | 119, Florida Statutes. I further certify that the information roath; that I am a managing member or manager of the orida Statutes. |