

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005307

FILED
Apr 20, 2009
Secretary of State

Entity Name: HIGHLAND CITY TOWN CENTER, LLC

Current Principal Place of Business:

1958 MONROE DIVE, N.E.
ATLANTA, GA 30324

New Principal Place of Business:

Current Mailing Address:

1958 MONROE DIVE, N.E.
ATLANTA, GA 30324

New Mailing Address:

P.O. BOX 1738
ATLANTA, GA 303011738

FEI Number: 20-3515037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES, INC.
1574 VILLAGE SQUARE BLVD., SUITE 100
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILWAT PROPERTIES, INC.
Address: 1946 MONROE DIVE, N.E.
City-St-Zip: ATLANTA, GA 30324

Title: MMGR () Delete
Name: WATKINS, KIMBERLY M
Address: 1958 MONROE DR N.E.
City-St-Zip: ATLANTA, GA 30324 US

Title: MMGR () Delete
Name: WATKINS, MICHAEL L
Address: 1958 MONROE DR N.E.
City-St-Zip: ATLANTA, GA 30324 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIMBERLY M. WATKINS

MMGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date