


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M95000000250 1. Entity Name HIGHLAND PARK OF NORTH CAROLINA LIMITED COMPANY	
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Principal Place of Business 1300 TUNNEL RD. ASHEVILLE, NC 28805	Mailing Address 1300 TUNNEL RD. ASHEVILLE, NC 28805
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DO NOT WRITE IN THIS SPACE



04012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-1870618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY
SUITE 300
TAMPA, FL 33637**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR SLOSMAN (HIGHLAND) LIMITED PARTNERSHIP 2 ELLIOTT ST. SUITE D ASHEVILLE, NC 28803
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR AZALEA LIMITED PARTNERSHIP 1300 TUNNEL ROAD ASHEVILLE, NC 28805
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR STERNBERG (HIGHLAND) LIMITED PARTNERSHIP P.O. BOX 8374, N/A ASHEVILLE, NC 28814
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/29/06-80242-011 50.00

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:  **04-13-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #