

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M95000000250

1. Entity Name
**HIGHLAND PARK OF NORTH CAROLINA LIMITED
COMPANY**



Principal Place of Business

**1300 TUNNEL RD.
ASHEVILLE, NC 28805**

Mailing Address

**1300 TUNNEL RD.
ASHEVILLE, NC 28805**

FILED
Apr 22, 2008 08:00 AM
Secretary of State



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1870618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000913846
05/08/08-80032-017 138.75

9. MANAGING MEMBERS/MANAGERS

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

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IN THIS SPACE**

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: Douglas Walker CFO

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

0114-2008 828-298-3406

Date

Daytime Phone #