



2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 16 AM 10:43

DOCUMENT # L02000034773 1. Entity Name FI-HIGHLAND PINES, LLC						
Principal Place of Business 100 2ND AVE S, STE 901 SOUTH ST. PETERSBURG, FL 33701			Mailing Address 100 2ND AVE S, STE 901 SOUTH ST. PETERSBURG, FL 33701			
2. Principal Place of Business <i>1111 SOUTH HIGHLAND AVENUE</i>		3. Mailing Address <i>Suite, Apt. #, etc.</i>				
Suite, Apt. #, etc. <i>CLEARWATER, FL</i>		Suite, Apt. #, etc. <i>CLEARWATER, FL</i>		05022006 Chg-LLC CR2E083 (11/05)		
City & State <i>CLEARWATER, FL</i>		City & State <i>CLEARWATER, FL</i>		4. FEI Number 32-0051433		
Zip <i>33756</i>		Country <i>PINELLAS</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Amended AR is \$50.00			Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON PO BOX 10867 SAINT PETERSBURG, FL 33733	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON 360 CENTRAL AVE., STE 1550 ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMINISTRATOR 1111 SOUTH HIGHLAND AVENUE CLEARWATER FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE 724 N. GOVERNORS AVENUE DOVER, DE 199047238	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 1111 SOUTH HIGHLAND AVENUE CLEARWATER, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	500076499605 05/22/05--01039--007 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Harry Madonna</i> HARRY DILLON MADONNA				Date: 5/9/06 Daytime Phone #: 787-834-8800		