


4/28

04-28-2003 91268 001 \*\*\*950.00

**LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034773  
 1. Entity Name  
 FI-HIGHLAND PINES, LLC



**DO NOT WRITE IN THIS SPACE**

44004013

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 100 2nd Ave. S. Suite, Apt. #, etc. 901 South City & State St. Petersburg, FL Zip 33701 Country USA		3. Mailing Address 100 2nd Ave. S. Suite, Apt. #, etc. 901 South City & State St. Petersburg, FL Zip 33701 Country USA	
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4. FEI Number 32-0051433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
 Senior Health Management c/o Bart Wyatt  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 Second Avenue South, Suite 901 S  
 City  
 St. Petersburg FL Zip Code  
 33701

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 Bart Wyatt President Bart Wyatt DATE 4/14/03

Make Check Payable to Florida Department of State  
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Carol A. Tschop 785 5th Ave Chambersburg, PA 17201
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**DO NOT WRITE IN THIS SPACE**

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employed to execute this report as required by Chapter 608, Florida Statutes.  
 SIGNATURE: Carol A. Tschop Carol A. Tschop DATE 4/14/03