


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 11:18

DOCUMENT # A0000000805					
1. Entity Name VILLAGE AT LAKE HIGHLAND LIMITED PARTNERSHIP					
Principal Place of Business 209 TOWN CENTER BLVD. DAVENPORT, FL 33896			Mailing Address 209 TOWN CENTER BLVD. DAVENPORT, FL 33896		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3619449	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REILLY, ANDREW F. 95 SOUTH 10TH STREET HAINES CITY, FL 33845			Name CORPORATION SERVICES COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET City TALAHASSEE FL Zip Code 32301		
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 <u><i>[Signature]</i></u> Kurt Pleuder Asst. Vice-Pres. DATE 3/8/05					
9. Capital Contributions as Shown on record. \$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 3061059			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GP98000C1039 VILLAGE PARTNERS 209 TOWN CENTER BLVD DAVENPORT, FL 33896		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A00000001910 SHLP VILLAGE AT LAKE HIGHLAND, LTD. 3201 SOUTH TAMARAC DRIVE, STE. 200 DENVER, CO 80231		STREET ADDRESS	8110 EAST UNION AVENUE SUITE 200	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	DENVER, CO 80237	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u><i>[Signature]</i></u> HEIDI J. MARLING			Date 3/6/05		Daytime Phone # 803 424-5536

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