


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000000805 1. Entity Name VILLAGE AT LAKE HIGHLAND LIMITED PARTNERSHIP	
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Principal Place of Business 209 TOWN CENTER BLVD. DAVENPORT, FL 33896	Mailing Address 209 TOWN CENTER BLVD. DAVENPORT, FL 33896
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DO NOT WRITE IN THIS SPACE

04092008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3619449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMAPNY
1201 HAYS STRET
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	U000000917794 05/13/08-80056-025 500.00
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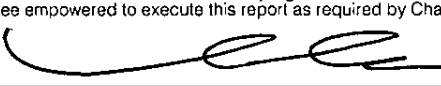
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	GP9800001039
NAME	VILLAGE PARTNERS
STREET ADDRESS	209 TOWN CENTER BLVD
CITY-ST-ZIP	DAVENPORT, FL 33896
DOCUMENT #	A00000001910
NAME	SHLP VILLAGE AT LAKE HIGHLAND, LTD.
STREET ADDRESS	8110 EAST UNION AVENUE, SUITE 200
CITY-ST-ZIP	DENVER, CO 80237
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **Heidi Marling** **4-18-08** **863-424-5536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE