

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 JUL 10 AM 8:52

DOCUMENT # A05000000389

1. Entity Name
HIGH SKUL LIMITED PARTNERSHIP



Principal Place of Business
**50 COCOANUT ROW STE. 212
 PALM BEACH, FL 33480**

Mailing Address
**PO BOX 11
 PALM BEACH, FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06142006 Chg-LP CR2E003 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAFT, STUART J ESQ
 C/O ALLEY, MAASS, ROGERS & LINDSAY, P.A.
 321 ROYAL POINCIANA PLAZA
 PALM BEACH, FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

**FILE NOW!!! FEE IS \$500.00
 Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

**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
**P05000024690
 HIGH SKUL SS, INC.
 50 COCOANUT ROW STE. 212
 PALM BEACH, FL 33480**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800077737758
 07/19/06--01059--005 **500.00**

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STREET ADDRESS

CITY-ST-ZIP

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:

Per: [Signature] High Skul SS, INC.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

June 19/06 4162225355
 Date Daytime Phone #

STAPLE CHECK HERE