
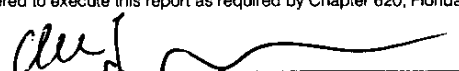


FILED

2007 MAR 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000389				FILED	
1. Entity Name HIGH SKUL LIMITED PARTNERSHIP				2007 MAR 19 AM 9:28	
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 - No P.O. Box # 340 ROYAL POINCIANA WAY		3. Mailing Address			
Suite, Apt. #, etc. SUITE # 326		Suite, Apt. #, etc.			
City & State PALM BEACH, FLORIDA		City & State		4. FEI Number 90-0269579	
Zip 33480		Country USA		Applied For APPLIED FOR	
6. Name and Address of Current Registered Agent HAFT, STUART J ESQ C/O ALLEY,MAASS,ROGERS & LINDSAY, P.A. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480		7. Name and Address of New Registered Agent			
		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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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 #	P05000024690		STREET ADDRESS		
NAME	HIGH SKUL SS, INC.		CITY - ST - ZIP		
STREET ADDRESS	50 COCOANUT ROW STE. 212				
CITY - ST - ZIP	PALM BEACH, FL 33480				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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NAME			CITY - ST - ZIP		
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:  Jan 24/07 416 222 5355					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					