


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Jun 14, 2004 08:00 AM
Secretary of State**

DOCUMENT # A06033		
1. Entity Name HIGHLAND APARTMENTS, LTD.		
Principal Place of Business 300 W. DIXIE AVE. LEESBURG, FL 34748		Mailing Address 300 W. DIXIE AVE. LEESBURG, FL 34748



2. Principal Place of Business		3. Mailing Address		05282004 Chg-LP CR2E003 (10/03)	
Suite, Apt #, etc		Suite, Apt #, etc.		4. FEI Number 59-1672358	
City & State		City & State		Applied For Not Applicable	
Zip	Country	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	
HABER, FLORA JO 300 WEST DIXIE AVE LEESBURG, FL 34748				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

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HABER, FLORA JO	STREET ADDRESS	
NAME	300 WEST DIXIE AVE.	CITY-ST-ZIP	
STREET ADDRESS	LEESBURG, FL		1000000162605
CITY-ST-ZIP			06/16/04-80002-005 150.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Flora Jo Haber 6-8-04 (352) 787-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Filing #