

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**

96 NOV 13 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A09975**

**HIGHLAND APARTMENTS, LTD. II**



*11/13*

Mailing Address

Principal Office Address

300 WEST DIXIE AVENUE  
LEESBURG FL 34748

300 WEST DIXIE AVENUE  
LEESBURG FL 34748

3. Date Formed or Registered

01/26/1981

5a. Capital Contributions as Shown on record

\$900.00

3a. Date of Last Report

11/07/1995

5b. Amount of Capital Contributions in FL ORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FE# Number

59-2069957

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HABER, FLORA JO  
300 W. DIXIE AVENUE  
LEESBURG FL 34748

10. If changed, new Registered Agent/Office

Name

400002008654--8  
-11/19/96--01152--016

Street Address (P.O. Box Number Is Not Accepted) \*\*\*200.00 \*\*\*200.00

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/ Document Number

HABER, FLORA JO

300 W. DIXIE AVE.

LEESBURG FL

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Flora Jo Haber*

DATE

11-8-96

Typed or Printed Name of General Partner Signing Form

FLORA JO HABER

Daytime Telephone Number

(352)787-6700

CR2E003 (6/96)