


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

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

DOCUMENT # A09975
 1. Entity Name
 HIGHLAND APARTMENTS, LTD. II




Principal Place of Business: 300 WEST DIXIE AVENUE, LEESBURG, FL 34748
 Mailing Address: 300 WEST DIXIE AVENUE, LEESBURG, FL 34748

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



03222003 Chg-LP CR2E003 (10/03)
 4. FEI Number: 59-2069957 Applied For: Not Applicable

6. Name and Address of Current Registered Agent: **HABER, FLORA JO, 300 W. DIXIE AVENUE, LEESBURG, FL 34748**
 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

9. Capital Contributions as Shown on record: **\$900.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____

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 W. DIXIE AVE.	CITY-ST-ZIP	
STREET ADDRESS	LEESBURG, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U00000162606
NAME		CITY-ST-ZIP	06/16/04-80002-006 150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 exemption stated in Section 119.07(3)(f), 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 Phone #

STAPLE CHECK HERE