


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Feb 28, 2008 08:00 AM  
Secretary of State**

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



|  |  |
|--|--|
| Principal Place of Business<br>300 WEST DIXIE AVENUE<br>LEESBURG, FL 34748 | Mailing Address<br>300 WEST DIXIE AVENUE<br>LEESBURG, FL 34748 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-LP GR2E003 (12/06)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>59-2069957  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00** *508.75*  
**After May 1, 2008, 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                     |  |
|---|--|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | HABER, FLORA JO<br>300 W. DIXIE AVE.<br>LEESBURG, FL |
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*U00000843356  
03/11/08-80066-013 508.75*

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** *Flora Jo Haber* *2-26-08* *(352) 787-6700*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #