

A09975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

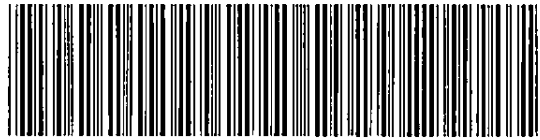
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800428483018

HIGHLAND APARTMENTS II

HIGHLAND CITY

PO BOX 1277 - LEESBURG, FL 32748

TELEPHONE 904-787-6700

LP 9975

January 17, 1981

Secretary of State
Division of Corporations
The Capital
Tallahassee, Florida 32304

SP R24803

Re: Certificate of Limited Partnership
Highland Apartments, Ltd. II

RECEIVED
DEPT. OF STATE
000500 JAN 22 81
REVENUE

Gentlemen:

Enclosed herewith please find our check for \$45.00 to cover the cost of the filing of the above Limited Partnership, to be applied as follows:

\$30.00 Filing Fee (Capital Contribution being \$1,000.00)
15.00 Certified Copy of Certificate
\$45.00 Total

Thank you for your cooperation in handling this matter, and should you have any problem with this, please telephone the undersigned at the above.

Sincerely yours,

Neil Haber
Neil Haber, General Partner

NH:is

Enclosure

TC 1,000
LP 9975
R24803/81

C. TAX _____
FILING 30
R. AGENT FEE _____
C. COPY 15
TOTAL 45
N. BANK _____
BALANCE DUE _____
REFUND _____

FILED
JAN 26 12 16 PM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

... Lake ... 60 yrs.

NAME HIGHLAND APARTMENTS, LTD. II
P. O. ADDRESS 909 S. 9th Street, Leesburg, FL 32748
CHANGE OF ADDRESS _____
CHANGE OF ADDRESS _____

DATE	PERIOD	INVESTED CAPITAL	AMOUNT PAID
		\$1,000.00	

corp-50

L.P. 99975

CERTIFICATE OF LIMITED PARTNERSHIP

HIGHLAND APARTMENTS, LTD. II

AGREEMENT of limited partnership made this 3rd day of April 1980, between NEIL HABER of 909 South 9th Street, Leesburg, Florida 32748, County of Lake, State of Florida, (hereinafter referred to as "General Partner"), and NEIL HABER AND FLORA JO HABER both of 909 South 9th Street, Leesburg, Florida 32748, County of Lake, State of Florida, as Limited Partners (hereinafter referred to as "Limited Partner").

In consideration of the mutual covenants herein contained, the parties agree as follows:

1. General Provisions. The parties hereby form a Limited Partnership pursuant to the provisions of the Uniform Limited Partnership Act, F.S. Section 620.01 et. seq. of the State of Florida. The rights and liabilities of the general and limited partners shall be as provided therein, except as herein otherwise expressly stated.

2. Name of Partnership. The name of the Partnership shall be HIGHLAND APARTMENTS, LTD. II hereinafter referred to as the Partnership.

3. Business of Partnership. The purpose of the Partnership is to engage in the business of acquiring, improving, owning, operating, selling, mortgaging or leasing real estate, and in particular a certain parcel of real estate located in Polk County, Florida.

4. Principal Place of Business. The principal place of business of the Partnership shall be at 909 South 9th Street, Leesburg, Florida 32748. The Partnership shall also have other places of business as from time to time shall be determined by the General Partner.

5. Name and Residence of Partners. The name and address of the General Partner is: Neil Haber, 909 South 9th Street, Leesburg, Florida 32748.

The name and address of the Limited Partner is: Neil Haber and Flora Jo Haber, both of 909 South 9th Street, Leesburg, Florida 32748

6. Capital Contribution of Partnership. The General Partner shall contribute the sum of One Hundred Dollars (\$100.00) to

FILED
APR 25 12 16 PM '81
STATE OF FLORIDA
POLK COUNTY

original capital of the Partnership. The capital contribution of the Limited Partner shall be the contribution of the sum of ONE THOUSAND AND NO 100 DOLLARS (\$1,000.00).

Receipt of the initial capital contribution from the Limited Partner and the initial capital contribution from the General Partner above is acknowledged by the Partnership. No Limited Partner has agreed to contribute any additional cash or property as capital for use of the Partnership, except as set forth above.

7. Term of Partnership. The Partnership shall commence on Feb. 1, 1981 and this Certificate of Limited Partnership shall be recorded in the office of the Secretary of State, of the State of Florida, and in the County to which the principal place of business of the Partnership is located, pursuant to the provisions of the Uniform Limited Partnership Act of the State of Florida, and shall continue for a term of sixty (60) years unless terminated as hereinafter provided.

8. Management, Duties, and Restrictions - General Partner.

During the continuance of this Partnership, the rights, duties and liabilities of the General Partner shall be as follows:

- a. Personal Services. The General Partner shall participate in the management of the Partnership business. He agrees to render his personal services to the Partnership and to devote thereto such time as shall be necessary. It is understood and agreed that the General Partner may engage in professions, or other businesses, including the ownership, operation and management of real estate.
- b. Full Powers. The General Partner shall have full and complete charge of all affairs of the Partnership and the management and control of the business of the Partnership shall rest exclusively with the General Partner, subject to the terms and conditions of this Agreement. The General Partner shall have the right, power, and authority granted to General Partner hereunder or by law or both, to obligate and bind the Partnership, to take such action as the General Partner deems necessary or

advisable, including, without limitation, making, executing, and delivering construction loan, purchase, management, and other agreements; lease, assignments, deeds, and other transfers and conveyances, agreements to purchase, sell, lease, or otherwise concerning personal property; pledges, deeds of trust and other security agreements; promissory notes, checks, drafts, and other negotiable instruments; and all other documents and agreements that the General Partner deems reasonable or necessary in connection with the development of the properties of the Partnership and the operation and management thereof.

The General Partner may engage the services of a Management Company that may be affiliated with the General Partner to manage any property owned by the Partnership. The execution and delivery of any such instrument by General Partner shall be sufficient to bind the Partnership.

However, unless the prior consent of Limited Partners holding a majority of the interest of the Partnership is obtained, General Partner shall be prohibited from:

- (i) selling or exchanging all or substantially all of the assets of the Partnership;
- (ii) pledging the credit of the Partnership in any way except in the ordinary course of the Partnership business which shall be deemed to include the construction and permanent financing of the purchase of any Partnership real or personal properties;
- (iii) executing or delivering any assignment for the benefit of the creditors of the Partnership;
- (iv) releasing, assigning, or transferring a Partnership claim, security, commodity, or any other asset of the Partnership without full and adequate consideration.

9. Percentage of Interest. Each partner shall contribute to the capital of the Partnership as set forth below of a total original

capital contribution by all of them of ONE THOUSAND ONE HUNDRED DOLLARS (\$1,100.00). Each Partner's income and capital interest in the partnership shall be as set forth below:

<u>General Partner</u>	<u>Percentage of Interest in Partnership</u>	<u>Capital Contribution</u>
Neil Haber	10%	\$100.00
<u>Limited Partners</u>		
Neil Haber	70%	\$800.00
Flora Jo Haber	20%	\$200.00

Additional contributions required to be made by the Partners may be in the form of loans to the Partnership to be made by the General Partner. The Limited Partner shall not be required to make additional loans to the Partnership but may do so.

All Partners, both General and Limited, shall be considered as sharing any partnership liability whereas none of the Partners has any personal liability as a Partner. Any such liabilities shall increase the basis of each Partner's interest in the same proportion that he shares in the Partnership profits.

Notwithstanding anything to the contrary herein contained, the liability of the Limited Partner for the losses of the Partnership shall in no event exceed the amount of such Partner's contribution to the capital of the Partnership.

10. Payment of Disbursements and Distributions. Both the Limited

and General Partners of this Partnership agree that the funds of the Partnership shall be disbursed and/or distributed to the partners as follows:

a. On Behalf of the Partnership.

- (i) In payment of all expenses incurred in acquiring the land and constructing buildings thereon;
- (ii) In payment of real estate taxes and similar assessments.
- (iii) In payment of indebtedness due on any mortgage on the premises in accordance with the provision thereof;
- (iv) In payment of any other expenses incurred in operating and holding the properties;
- (v) In retention as reserves, funds for replacements, maintenance, or improvement as determined in the sole discretion of the General Partner;
- (vi) In payment of outstanding obligations of the Partnership to any of the Partners.

b. To the Partners. The remaining funds of this Limited Partnership shall be allocated and distributed to each of the Partners in proportion to his respective interest in the Partnership as indicated by the percentage of ownership set forth in paragraph 9. Distribution to the Partners shall be made semi-annually, or more often, as determined by the General Partner.

11. Treatment of Losses. All losses suffered or incurred by the Partnership shall be allocated to and borne by each Partner in proportion to his respective interest in the Partnership except that the Limited Partner shall not be required to pay for any net losses in excess of his capital contribution. A deficit in the capital account of a Limited Partner shall not affect his status as a Limited Partner. Furthermore, no Limited Partner shall be required to make good any deficit in his capital account, except out of future profits.

12. Banking. All funds of the Partnership shall be deposited in its name in such checking account or accounts as shall be designated by the General Partner. All withdrawals therefrom shall be made

upon a check signed by the General Partner or by such agent or agents that may be designated in writing by the General Partner.

13. Books. The Partnership books shall be maintained at the principal office of the Partnership and each Partner shall have access thereto at all ^{reasonable} times. Each of the Partners shall receive within sixty days (60) after the expiration of the taxable year of the Partnership, a statement of receipts and expenses as prepared by the Accountant of the Partnership, together with a statement showing the profits or losses of the Partnership for Federal Income Tax purposes and a distribution analyzed by reference to taxable income and return of capital.

14. Expenses of the General Partner. The General Partner shall be reimbursed by the Partnership for all reasonable and necessary expenses incurred by him in the furtherance of the Partnership business.

15. Nature of Limited Partner's Interest. As provided for in this Certificate of Limited Partnership, the Limited Partner shall have no voice in, or right to, manage the Partnership affairs and business, and shall be deemed to have only those rights concerning the conduct of Partnership affairs as are provided for Limited Partners by the Uniform Limited Partnership Act of the State of Florida, to the extent not inconsistent with the provisions of this Certificate of Limited Partnership. The Limited Partner's liability shall be limited as provided for in such Uniform Limited Partnership Act of the State of Florida.

16. Limitation of Withdrawal. The Limited Partner shall not be entitled to withdraw any initial or additional capital during the existence of the Partnership unless and to the extent that the General Partner so agrees, or unless as provided by the Uniform Limited Partnership Act.

17. Additional Limited Partners. Except with the unanimous written consent of two thirds of the Partners, as determined by their Partnership interests, the General Partner shall not have the right to

add other persons as Limited Partners hereunder, whether as substituted Limited Partners or otherwise.

18. Interest. No interest shall be paid on the initial contributions or any subsequent contributions of capital to the Partnership.

19. Assignment of Interest of Limited Partners. A Limited Partner may assign his interest in the Partnership or any portion thereof only if he shall receive the written consent of a majority of all the other Partners as determined by their percentage interests in the Partnership. In the event that he shall receive such consent, a Limited Partner may assign his interest and constitute his assignee a substituted Limited Partner; provided, however, that such substitution shall not be valid and effective and the Partnership shall not recognize the same for purposes of making payments of profits or other distributions with respect to such interest or any part hereof, unless and until there shall be filed with the General Partner an assignment, acknowledged in writing on the books of the Partnership, and an amendment to the original Certificate of Limited Partnership shall have been filed in accordance with state law, and until any expenses, including reasonable attorney's fees in connection therewith, shall have been paid to the General Partner. All information required by such form of assignment shall be completely filled in and such form shall be subscribed by both the assignor and the assignee.

20. Death, Incompetency, or Bankruptcy of Limited Partners. The death, incompetency, or bankruptcy of a Limited Partner shall not terminate the Partnership. A deceased, incompetent or bankrupt Limited Partner's personal representative shall have all the rights of the Limited Partner hereunder, but shall not become a substituted Limited Partner until the requirements of paragraph 19 have been complied with.

21. Assignment of Interest of General Partner. The General Partner may assign his interest in the Partnership or any portion thereof, but no person or entity to whom the General Partner assigns all or any portion of his interest hereunder, whether voluntary or otherwise, may become a General Partner without the consent of a majority of all the Partners as determined by their percentage interests in the Partnership.

22. Death, Incompetency or Bankruptcy of General Partner. Upon

the death, incompetency or bankruptcy of the General Partner, his executor, administrator or representative shall succeed to his interest in the Partnership and from the date of his death, incompetency, or bankruptcy, retain such interest and become a Limited Partner herein, sharing in new profits, losses, and cash flow in the same manner and to the same extent as the General Partner shared prior to his demise, incompetency, or bankruptcy. Such executor, administrator or representative shall not become a substituted General Partner until the requirements of paragraph 21 have been complied with.

23. Termination of Partnership. The partnership shall have a term of sixty (60) years but shall be terminated sooner upon the occurrence of one or more of the following:

- a. The sale, transfer and/or assignment of all of the Partnership property;
- b. The bankruptcy, insolvency, death, incompetency or retirement of the General Partner;
- c. The consent of the General Partner and the Limited Partners holding a majority of the percentage interests of all of the Limited Partners.

Notwithstanding the foregoing, in the event of the occurrence of any of the items set forth in paragraph 23 b., all of the Limited Partners may agree not to terminate, but to continue the Partnership. In the event that the Limited Partners agree not to terminate but to continue the Partnership, they shall agree on the selection of a General Partner by a majority vote of the continuing Partners as determined by their percentage interest in the Partnership.

24. Distribution of Partnership Property Upon Termination. In the event of termination of the Partnership for any of the reasons specified in paragraph 23 hereof, except subparagraph c., thereof, a full and general account of the assets and liabilities of the Partnership determined and the debts due the Partnership shall be collected and the proceeds therefrom, together with the other assets and property, shall be applied in the following order:

- a. To the payment of the debts and liabilities of the Partnership owing to creditors other than Partners;
- b. To the payment of expenses of liquidation;

- c. To the payment of debts and liabilities owing to the Partners other than for capital and profits;
- d. To the repayment of all the Partners capital accounts then on the books of the Partnership, provided, however, if the remaining assets shall not be sufficient to repay such accounts in full, a distribution shall be made pro rata according to the ratio that the amounts of the capital account of each Partner bear to the amounts of all Partners;
- e. To the repayment of all the Partner's undistributed income accounts then on the books of the Partnership; provided, however, if the remaining assets shall not be sufficient to repay such accounts in full, a distribution shall be made pro rata according to the ratio that the amounts of the undistributed income account of each Partner bear to the amounts of all Partners;
- f. The surplus, if any, of the assets remaining after the foregoing distributions, shall be divided among the Partners in accordance with the percentages of interest specified in paragraph 9 hereof.

25. Notice. In the event that any notice is required to be given to any of the General or Limited Partners under this Agreement, such notice shall be given in writing by registered or certified mail, return receipt requested, addressed to the Partner at his address set forth on the books of the Partnership.

26. Other Activities of Partners. Any of the Partners, General or Limited, may engage in or possess any interest in other business ventures of every nature and description, independently or with others, including but not limited to the ownership, financing, leasing, operation, management, syndication, brokerage, and development of real property; and neither the Partnership nor the Partners shall have any right by virtue of this Agreement in and to such independent ventures or to the income or profits derived therefrom.

27. Power of Attorney. Each of the undersigned does hereby constitute and appoint Neil Haber as his true and lawful representative and attorney-in-fact, in his name, place and stead, to make, execute, sign, and file, a Certificate of Limited Partnership of the Partnership, any amendment thereof required by law, Certificates of Doing Business Under an Assumed Name, and all such other instruments, documents and certificates which may, from time to time, be required by the laws of the United States of America, the State of Florida, or any other state in which the Partnership shall determine to do business, or any political subdivision or agency thereof, to effectuate, implement and continue the valid and subsisting existence of the Partnership.

28. Additional Documents. Each party hereto agrees to execute with acknowledgment of affidavit, if required, any documents and writings which may be necessary to the Partnership.

29. Separability. Any provision contained in this Agreement which confers upon the Limited Partners rights or powers which, if exercised, would render the Limited Partners liable to creditors of the Partnership as General Partners, is null and void. In case any one or more of the provisions contained in this Agreement shall be invalid, illegal or unenforceable in any respect, or shall be null and void by operation of the immediately preceding sentence, the validity, legality, and enforceability of the remaining provision contained in this Agreement shall not in any way be affected hereby.

30. Benefit and Construction. This Agreement shall be binding and inure to the benefit of the heirs, legal representatives, and assigns of each of the partners.

31. Entire Agreement. This Agreement, numbering eleven (11) page exclusive of attachments, constitutes the entire Agreement among the parties, all prior agreements and amendments thereto, written or oral, having merged herein.

32. Governing Law. This Agreement shall be construed and interpreted under and in accordance with the laws of the State of Florida, and the Partnership created hereunder shall be subject to the applicable Partnership laws of the State of Florida.

IN WITNESS WHEREOF, the parties have hereunto set their hands

and went the day and year first above written.

GENERAL PARTNER

Neil Haber

Neil Haber

LIMITED PARTNER

Neil Haber

Neil Haber

Flora J. Haber

Flora J. Haber

STATE OF FLORIDA

COUNTY OF LAKE

On this day, before me, a Notary Public duly authorized in the County and State last above mentioned, personally appeared NEIL HABER and FLORA J. HABER, known to me to be the persons described in the foregoing instrument, and who have sworn, depose and state to me that they have executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 21st day of April, 1980.

Neil Haber

Notary Public - State of Florida

at Large

My Commission Expires: 4/23



LP 9975

September 29 1981

Use check only for
304-228-6000

W. McKinstry, Director
DIVISION OF CORPORATIONS

Morton D. Aulls, P.A.
703 East Burleigh Blvd.
Tavares, Florida 32778

L.P. Amendment

SUBJECT: Highland Apartments, Ltd., II

CHECK Returned ; Amount ~~XXXXXX~~ DUE \$45.00 ; DOCUMENT RETURNED

DOCUMENT PENDING _____

REVENUE
0825 OCT 1981

Amend.

1. _____ NAME IS NOT AVAILABLE.
2. 1 A current certified copy of your Articles of Incorporation and any amendments is required. The copy must be certified by the proper State official who has custody of the records pertaining to corporations in your State (WITHIN THE PAST NINE MONTHS).
3. _____ The certified copy must be legible. It must be a positive copy, black print with white background.
4. _____ Number(s) _____ must be completed on our attached Corp. Form 31.
5. _____ Letters "G" and "H" should be corrected as follows, "G" SHOULD BE: _____ "H" SHOULD BE: _____ Please check your calculations.
6. _____ The attached must be completed for _____
7. _____ A resolution of the Board of Directors adopting a fictitious name for the use in Florida must be submitted.
8. _____ Registered Agent must be designated. Registered Agent failed to sign.
9. _____ The attached annual report must be completed and returned.
10. XX Section 620.02, F. S., requires that Limited Partnerships be sworn. The words "SWEAR TO or SWORN TO" must be in the document.
11. _____ Original signatures of all partners must be obtained or we must have a copy of the power of attorney.
12. _____ The exact amount of invested capital must be listed on line 3. The report must be signed by the general partner or the preparer.
13. _____ The above limited partnership was cancelled _____, for failure to file the annual report(s) for the year(s) _____.
14. _____ To Reinstate the above L. P., 620.31, F. S., requires that all delinquent reports and fees must be filed and paid prior to the issuance of a preliminary certificate. Please complete and return the attached report(s) with the proper filing fee(s).
15. _____ We have no record of the above document(s) in our files.
16. OTHER: *decrease to \$900.00*

FILED
0825 1981
REVENUE

Name	_____
Availability	_____
Prepared at	_____
Date	_____
Signature	<i>Om TA 10-8</i>

C. TAX	_____
FILING	<u>30</u>
R. AGENT FEE	_____
C. FEE	<u>10</u>
TOTAL	<u>40</u>
FLORIDA - STATE OF THE ARTS	_____

FORM 103 Rev. 1-79

dec

Leesburg Lake LP No. 9975 1/26/81
60 yrs.

NAME HIGHLAND APARTMENTS, LTD. II
P. O. ADDRESS 909 S. 9th Street, Leesburg, FL 32748

CHANGE OF ADDRESS _____

CHANGE OF ADDRESS _____

DATE	PERIOD	INVESTED CAPITAL	AMOUNT PAID
		\$1,000.00	
Amend. Dec.	cont. to	\$900.00 filed 10/6/81	



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32301

10/7/81

GEORGE FIRESTONE
SECRETARY OF STATE

Morton D. Aulls, P.A.
700 E. Surleigh Blvd.
Tallahassee, FL 32378

D. W. McKinnon, Director
DIVISION OF CORPORATIONS

SUBJECT: HIGHLAND APARTMENTS, LTD. II

DOCUMENT NUMBER: L.P. 9975

This will acknowledge receipt of the following:

1. ~~XXXX~~ Check(s) totalling \$ 45.00
2. _____ Articles of Incorporation filed
3. _____ Amendments to Articles of Incorporation filed
4. _____ Articles of Merger or Consolidation filed
5. _____ Certificate of Withdrawal filed
6. ~~XXX~~ Limited Partnership filed 10/6/81
7. _____ Limited Partnership Annual Report filed
8. _____ Trademark Application filed
9. _____ Application for qualification filed _____
10. _____ Reinstatement filed
11. _____ Articles of Dissolution filed
12. _____ OTHER:

ENCLOSED:

1. ~~XXX~~ Certified Copy(ies).
2. _____ Certificate(s) Under Seal.
3. _____ Photocopy(ies).
4. _____ OTHER:



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32301

10/7/81

GEORGE FIRESTONE
SECRETARY OF STATE

MORRIS D. AULL, P.A.
701 N. Burleigh Blvd.
Tallahassee, FL 32378

D. W. McKISSON, DIRECTOR
DIVISION OF CORPORATIONS

SUBJECT: HIGHLAND PARTNERS, LTD. II

DOCUMENT NUMBER: L.P. 9975

This will acknowledge receipt of the following:

1. XXXX Check(s) totalling \$ 17.00
2. _____ Articles of Incorporation filed
3. _____ Amendments to Articles of Incorporation filed
4. _____ Articles of Merger or Consolidation filed
5. _____ Certificate of Withdrawal filed
6. XXXX Limited Partnership filed 10/6/81
7. _____ Limited Partnership Annual Report filed
8. _____ Trademark Application filed
9. _____ Application for qualification filed _____
10. _____ Reinstatement filed
11. _____ Articles of Dissolution filed
12. _____ OTHER:

ENCLOSED:

1. XXXX Certified Copy(ies).
2. _____ Certificate(s) Under Seal.
3. _____ Photocopy(ies).
4. _____ OTHER:

MORTON D. AULLS, P. A.

ATTORNEY AT LAW

703 EAST BURLEIGH BOULEVARD
TAVARES, FLORIDA 32778

(904) 343-0710

September 15, 1981

Secretary of State
Division of Corporations
The Capitol
Tallahassee, FL 32304

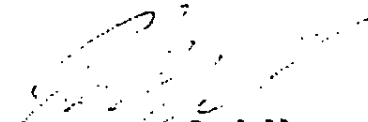
Re: Highland Apartments, Ltd., II

Gentlemen:

Amend.

Enclosed for filing is the original of an Amendment to Certificate of Limited Partnership for the above referenced limited partnership. Also enclosed for certification and return to me is a duplicate of the amendment. Lastly, I am enclosing my check for \$45.00 to cover the cost of this.

Very truly yours,



Morton D. Aulls

MDA:mkc

Enclosures

RECEIVED
SEP 21 1981
01040
REV 10/10/81

AMENDMENT TO CERTIFICATE OF
LIMITED PARTNERSHIP

The undersigned for the purpose of amending the Certificate of Limited Partnership of Highland Apartments, Ltd., II, LP #9975, certify the following changes to the original certificate of Limited Partnership:

9. Percentage of Interest. Each partner shall contribute to the capital of the Partnership as set forth below of a total original capital contribution by all of them ONE THOUSAND DOLLARS (\$1,000.00). Each partner's income and capital interest in the partnership shall be as set forth below:

<u>General Partner</u>	<u>Percentage of Interest In Partnership</u>	<u>Capital Contribution</u>
Flora Jo Haber 909 S. Ninth Street Leesburg, FL 32748	10%	\$100.00
<u>Limited Partners</u>		
Flora Jo Haber 909 S. Ninth Street Leesburg, FL 32748	89%	\$890.00
Randy Lee Haber 909 S. Ninth Street Leesburg, FL 32748	1%	\$ 10.00

Additional contributions required to be made by the Partners may be in the form of loans to the Partnership to be made by the General Partner. The Limited Partner shall not be required to make additional loans to the Partnership but may do so.

All Partners, both General and Limited, shall be considered as sharing any partnership liability whereas none of the Partners has any personal liability as a Partner. Any such liabilities shall increase the basis of each Partner's interest in the same proportion that he shares in the Partnership profits.

Notwithstanding anything to the contrary herein contained, the liability of the limited partner for the losses of the partnership shall in no event exceed the amount of such Partner's contribution to the capital of the Partnership.

Except as modified above, the original Certificate of Limited Partnership is hereby ratified and reconfirmed.

This Amendment to Certificate of Limited Partnership shall be effective

FILED
DEC 12 2011
LEESBURG, FLORIDA
CLERK OF COUNTY

on filing with the office of the Secretary of State, Tallahassee, Florida.

Flora Jo Haber
Flora Jo Haber

Randy Lee Haber
Randy Lee Haber

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 18 day of September 1981 by Flora Jo Haber and Randy Lee Haber.
Sworn to and subscribed before me this 18th day of September, 1981.

M. K. C. C. C.
Notary Public

My Commission Expires:

(SEAL)

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES 09-18-1985
BONDED THRU GENERAL STATE GUARANTY CO.

LR 9975

ANNUAL REPORT LIMITED PARTNERSHIP

11

TO: Honorable Secretary of State
The Capitol
Tallahassee, Florida 32304

DOS 6096 12/28/81

Name of Partnership HOWARD APARTMENTS, LTD. II DOS 6055 12/28/81

Principal Place of Business 2503 SOUTH STREET Leesburg, FLA. 32748

Amount of Invested Capital \$ 900

Date Formed 1-26-81

NAME AND ADDRESSES OF PARTNERS:

GENERAL:

ADDRESS:

FLORA JO HABER 907 S. 9th STREET Leesburg, FLA 32748
DRAWER 110

LIMITED:

ADDRESS:

FLORA JO HABER SAME

PAUL LEE HABER SAME

FILED
JAN 21 4 24 PM '82
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

General Nature of Business APARTMENTAL

Change of address

We, the undersigned, certify that the above statement is true and correct to the best of our knowledge and belief.

Flora Jo Haber, General Partner

1982 2-3
(20)

Filing fee figured at the rate of \$4 per thousand on invested capital, but in no case shall the amount be less than \$30 nor more than \$1000. Filing fee prorated where Partnership has not been in existence twelve months prior to December 31.

MORTON D. AULLS, P. A.

ATTORNEY AT LAW

703 EAST BURLINGHAM BOULEVARD
TAVARES, FLORIDA 32778

(804) 343-0770

LP 9975

September 15, 1982

Secretary of State
Division of Corporations and
Limited Partnership
P. O. Box 6327
Tallahassee, FL 32301

005 0366 9/29/82

005 0366 9/28/82

005 0366 9/28/82

30.00

30.00
60.00

Re: Highland Apartments Ltd., II, LP 9975

Gentlemen:

Enclosed is an amendment to certificate of limited partnership for filing with your office. Also after this is filed in your office, please furnish me with a certified copy of this amendment and also please furnish me a certified copy of a the prior amendment filed with your office on October 6, 1981. Finally, please furnish a certificate of authority.

My check for \$60.00 is enclosed for the filing fee for the present amendment and for the certified copies as mentioned above.

Very truly yours,

Morton D. Aulls

MDA:mkc

Enclosures

FILED
1982 SEP 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17

Name	
Availability	9.29.82
Document Examiner	QES
Updater	NP 10/5
Underwriter	TA 10/5
Director	
W. F. Veitler	

C. TAX	
FILING	30
R. AD	
C. C	30
TCR	60

Leesburg LP No. 9975 1/26/81
Lake 60 yrs.

NAME HIGHLAND APARTMENTS, LTD. II

P. O. ADDRESS 909 S. 9th Street, Leesburg, FL 32748

CHANGE OF ADDRESS 2503 S. St. Leesburg, FL 32748

CHANGE OF ADDRESS

DATE	PERIOD	INVESTED CAPITAL	AMOUNT PAID
		\$1,000.00	
Amend. Dec. 1-21-82	cont. to 1982	\$900.00 filed 10/6/81	
		\$900.00	\$31.00
Amend. filed 9-30-82		(no change in cont.)	

corp-50

AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned for the purpose of amending the certificate of limited partnership of Highland Apartments, Ltd., II, LP #9975, certifies the following changes to the original certificate of limited partnership:

5. Name and Residence of Partners. The name and address of the general partner is Flora Jo Haber, 909 South Ninth Street, Leesburg, FL 32748.

27. Power of Attorney. Each of the undersigned does hereby constitute and appoint Flora Jo Haber as true and lawful representative and attorney-in-fact, in her name, place and stead, to make, execute, sign, and file, a Certificate of Limited Partnership of the Partnership, any amendment thereof required by law, Certificates of Doing Business Under an Assumed Name, and all such other instruments, documents and certificates which may, from time to time, be required by the laws of the United States of America, the State of Florida, or any other state in which the Partnership shall determine to do business, or any political subdivision or agency thereof, to effectuate, implement and continue the valid and subsisting existence of the Partnership.

Except as modified above, and except as modified by prior amendment filed on October 6, 1981, the original certificate of limited partnership is hereby ratified and reconfirmed.

This Amendment to Certificate of Limited Partnership shall be effective upon filing with the office of the Secretary of State, Tallahassee Florida.

Flora Jo Haber
FLORA JO HABER

Randy Lee Haber
RANDY LEE HABER

STATE OF FLORIDA

COUNTY OF LAKE

The foregoing instrument was acknowledged, sworn to and subscribed before me this 17th day of September, 1982 by Flora Jo Haber and Randy Lee Haber.

Morris K. Calk
Notary Public

My Commission Expires:

WILLIAM D. ADLES, P.A.
ATTORNEY AT LAW
1000 UNIVERSITY BLVD.
SUITE 1000
LAKE WORTH, FLORIDA 33460

SEAL NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES 09/29/1985
RECORDS SECTION 105, UNIVERSITY BLVD.

Charter # Only

LP 9975

Requestor's Name

RAND MANAGEMENT COMPANY

Address

P.O. DRAWER C
LEESBURG, FL 32748

City

State

ZIP

Phone #

CORPORATION(S) NAME

VALIDATION ONLY

006 5972 4/19/83

006 5972 4/19/83

- PROFIT
- NON-PROFIT
- FOREIGN
- LIMITED PARTNERSHIP
- REINSTATEMENT
- CERTIFIED COPY
- WALK IN
- AMENDMENT
- DISSOLUTION
- ANNUAL REPORT
- PHOTO COPIES
- WILL WAIT
- MERGER
- MARK
- RESERVATION
- OTHER
- CERTIFICATE UNDER SEAL
- PICK UP
- MAIL OUT
- CALL
- FAX

Name	
Availability	
Examiner	DM
Updated	APR 20 1983
Updated/Verified	DSW APR 21 1983
Knowledge	[Signature]
W.P. Verified	[Signature]

1983

APR 18 9 52 AM '83
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT LIMITED PARTNERSHIP

TO: Honorable Secretary of State
The Capitol
Tallahassee, Florida 32304

Name of Partnership Highland Auto LLC II

Principal Place of Business 2503 South St. Leikburg Fla 32748

Amount of Invested Capital \$900.

Date Formed 1-26-81

NAME AND ADDRESSES OF PARTNERS:

GENERAL:

ADDRESS:

Flora J. Heber

Same

LIMITED:

ADDRESS:

Flora J. Heber

Same

Randy Heber

Same

APR 18 9 52 AM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

General Nature of Business Rental Auto

We, the undersigned, certify that the above statement is true and correct to the best of our knowledge and belief.

Flora J. Heber

Filing fee figured at the rate of \$4 per thousand on invested capital, but in no case shall the amount be less than \$30 nor more than \$1000. Filing fee prorated where Partnership has not been in existence twelve months prior to December 31.

DUE DATE ON OR BEFORE DECEMBER 31, 1983

LIMITED PARTNERSHIP
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
George F. Sullivan
Secretary of State
DIVISION OF CORPORATIONS

FILED

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee Required - Make Checks Payable To: Secretary of State

1 Name and Mailing Address of Limited Partnership: 109975 HIGHLAND APARTMENTS, LTD. II 2503 SOUTH STREET LEESBURG, FL. 32748 If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.	2 Enter Check Mailing Address of Limited Partnership P.O. DRAWER C, LEESBURG, FLORIDA
	Mailing Address P.O. Drawer C
	City Leesburg
	State Florida
	Zip Code 32748

3 Date Registered To Do Business in Florida 01/26/1981	4 Date of Last Report 04/10/1983
---	-------------------------------------

Amount of Invested Capital \$700,000 ? ~~4,000~~ 900.00
INVESTED CAPITAL IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE

Filing fee is figured at the rate of \$4.00 per thousand on invested capital, but in no case shall the amount be less than \$30.00 nor more than \$1,000.00. Filing fee is prorated where the partnership has not been in existence twelve months prior to December 31.

For questions concerning invested capital or filing fees please call (904) 488-9840.

006 9771 1/20/84 30.
006 9771 1/20/84 40.
30.00

I hereby certify that the above statement is true and correct to the best of my knowledge and belief

Signature <i>Flora Jo Haber</i>	Date 12-20-83
Typed Name of Signer Flora Jo Haber	Telephone Number 904/787-6702
Typed Title General Partner	

EM

BJK JAN 29 1984

EM

BJK JAN 29 1984

BY: ill

PAY TO THE ORDER OF State of Florida
County Five & one

FLORA JO HASTER

Leesburg County Bank
 do 32748

LP 09975

Please return certified copy to:

Highland Apartments Ltd. II
 P.O. Box 1277
 Leesburg, Florida 32748

006 2536 12/19/84
 006 2586 12/19/84
 006 2586 12/19/84

Filing of Amendment 30.00
 Certified Copy 15.00
45.00 total

*no change
 in fee*

FILED
 DEC 31 11 11 29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

~~* 2, 33, 45, 56 *~~

Name	
Availability	12/24/84
Documentation	SRZ 11/A
Updater	SRZ
Writer	SRZ
Acknowledgement	SRZ
W. P. Verity	SRZ

G. TAX	
FILING	30
AGENT FEE	
COPY	15
TOTAL	45
N. BANK	
REMIANCE DUE	
REMARKS	



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

D.W. McKinnon, Director
Division of Corporations
904/488-9636

RECEIVED
JAN 4 3 49 AM '85
Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

December 31, 1984

Highland Apartments Ltd. II
P.O. Box 1277
Leesburg, FL 32748

SUBJECT: HIGHLAND APARTMENTS, LTD. II
Reference: A09975

Dear Sir:

We have received your document for HIGHLAND APARTMENTS, LTD. II, and check(s) totaling \$45.00. However, the document has not been filed and is being returned to you for the following:

Section 620.02, F.S., requires that Limited Partnerships be sworn to. The words "SWEAR TO or SWORN TO" must be in the document.

Please return the corrected document with a letter of transmittal giving us a phone number where we can reach you. 904-787-6700

If you have further questions concerning the filing of your document, please call (904) 488-9840.

Sincerely,

Sharon Ziegler
Sharon Ziegler
Document Examiner
Amendment Section

SZ:srz

*1/2/85
Corrections made as
requested.
Sharon
Highland Apt.*

AMENDMENT

TO

CERTIFICATE OF LIMITED PARTNERSHIP

HIGHLAND APARTMENTS, LTD. II

FILED
DEC 31 1984
TALLAHASSEE, FLORIDA

The undersigned, as General and Limited Partners of Highland Apartments Ltd., II, a Florida Limited Partnership, do hereby submit the following covenant as number 33, which shall constitute an amendment to the Certificate of Limited Partnership, as adopted by the General and Limited Partners thereon on, December 17, 1984, at a duly called meeting for that purpose:

" 33. Change of Partnership. So long as the limited partnership has a loan made or insured by the United States of America acting through the Farmers Home Administration herein called "the Government" the partners will not change the membership by either admission or withdrawal of any partner (s) nor permit the general partner (s) to maintain less than a five percent financial interest in the partnership nor cause or permit voluntary dissolution of the partnership nor cause or permit any transfer or encumbrance of title to the partnership real estate or any part thereof or interest therein, by sale, mortgage, lease or otherwise nor alter, amend or repeal the limited partnership agreement without the written consent of the Government.

This mutual covenant shall supercede any other covenant in this limited partnership. "

This amendment as set forth herein, shall become effective upon the filing thereof by the Department of the State of the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed this instrument this 17th day of December, 1984.

Sworn to by:

Highland Apartments Ltd. II

by: Flora Jo Haber
General Partner

by: Randy L. Haber
Limited Partner

Witnessed:

Charles W. Williams

Julie A. McVick

State of Florida, County of Lake:

Acknowledged before me this 17th Day of December, 1984 by Flora Jo Haber and Randy Haber, the General Partner and Limited Partner, respectively of Highland Apartments Ltd. II.

IMPORTANT

DUE DATE ON OR BEFORE JANUARY 1, 1985

LIMITED PARTNERSHIP
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
DEC 31 4 14 PM '84
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee Required - Make Checks Payable To: Secretary of State

1. Name and Mailing Address of Limited Partnership		2. Enter Change of Address of Limited Partnership	
AG9975 HIGHLAND APARTMENTS, LTD. II POST OFFICE DRAWER C LEESBURG, FL. 32748		Mailing Address	
		Principal Street Address /802 1/07/85	
		City	
		State Zip Code	

If above address is incorrect in any way, enter the correct address
When 2. include Zip Code

3. Date Registered To Do Business in Florida	4. State or Country of Formation
01/26/1981	Florida

5. Capital Contribution	6. Filing Fee
\$900.00*	

CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE

Filing fee is figured at the rate of \$4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$50.00 nor more than \$250.00. For questions concerning capital contributions or filing fees please call (904) 488-9840.

Name and Title of Each General Partner	Street Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City and State
Flora Jo Haber	909 S. 9th St.	Leesburg, Florida 32748

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

7. Name of Signing General Partner	Title	Date	Telephone Number
Flora Jo Haber	General Partner	12-21-84	904/787-6700

STATE OF Florida COUNTY OF Lake

I, Flora Jo Haber, do hereby certify that the foregoing Annual Report is true and correct.

Witness my hand and seal this 21st day of December, 1984.

Secretary of State
Patricia K. Parent

IMPORTANT:

DUE DATE ON OR BEFORE JANUARY 1, 1986

LIMITED PARTNERSHIP ANNUAL REPORT

1986



FLORIDA DEPARTMENT OF STATE
George I. Restone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JAN 31 12 14 PM '86

Read Notice and Instructions on Other Side Before Making Filing Fee Required - Make Checks Payable To: Secretary of State

1 Name and Mailing Address of Limited Partnership
AC9975
HIGHLAND APARTMENTS, LTD. II
POST OFFICE DRAWER C
LEESBURG, FL. 32748
2. Enter Change of Address of Limited Partnership
Mailing Address
Principal Street Address
City
State Zip Code

3 Date Registered To Do Business in Florida 01/26/1981
4 State or County of Formation FLORIDA
5 Amount of Capital Contributions \$ 900.00 900.00
CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE.
6 Filing fee is figured at the rate of \$4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$30.00 nor more than \$250.00.
Document Examiner LYN
Up Dater LYN
Up Dater Verityer BA
Acknowledgement LYN
W.P. Verityer LYN

6a Name and Street Address of each General Partner
Table with 3 columns: Names of General Partner(s), Street Address of Each General Partner(s), City and State.
Row 1: HABER, FLORA JO; 909 SOUTH 9TH STREET; LEESBURG, FL.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

7 IMPORTANT-THIS SECTION MUST BE COMPLETED
Has this limited partnership amended its certificate to reflect an increase in the capital contributions since the last annual report? YES NO
7a IMPORTANT-THIS SECTION MUST BE COMPLETED
Have all amendments been filed with this office? YES NO
Signature: Flora Jo Haber
Date: 11/27/85
Typed Name of Signing General Partner: FLORA JO HABER
Title: GENERAL PARTNER
Telephone Number: (904) 787-6700

STATE OF Florida COUNTY OF Lake

BEFORE ME, this day personally appeared F.J. Haber who being duly sworn deposes and says that the statements contained in the foregoing Annual Report are true and correct

SWORN TO AND SUBSCRIBED before me this 27th day of November 1985

Notary Public, State of Florida
My Commission Expires Oct. 27, 1986
Notary Public

DUE DATE ON OR BEFORE JANUARY 1, 1987

LIMITED PARTNERSHIP
ANNUAL REPORT

1987



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

DEC 16 10 50 AM '86

Read Instructions on Other Side Before Making Entries
Filing Fee Required — Make Checks Payable To: Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

009575
HIGHLAND APARTMENTS, LTD. II
POST OFFICE BOX C
LEESBURG, FL. 32748

Emergence of Address of Limited Partnership

Starting Address

Physical Street Address

City

State

Zip Code

Principal Office or Principal Place of Business

Principal Office or Principal Place of Business

01/25/1981

State of County of Formation
FLORIDA

For Once Only

Document Exponent

UAC#

Partner #

Applicable Law

AP Section

Filing Fee

02/11/87 00000
LIMITED PARTNERSHIP OF
LTD PARTNERSHIP
TOTAL

CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERSHIP CONTRIBUTIONS

AS INDICATED ON LAST RETURN FILED WITH THIS OFFICE

THIS REPORT IS REQUIRED BY SECTION 607.01, FLORIDA STATUTES, AND SHOULD BE FILED WITHIN 60 DAYS OF THE END OF THE FISCAL YEAR. PLEASE PRINT THE 1987 ANNUAL REPORT WITHIN 60 DAYS OF THE END OF THE FISCAL YEAR. IF A FISCAL YEAR IS NOT IN THE U.S.

Name of General Partner

Address of Each General Partner
(DO NOT use Post Office Box Numbers)

City and State

HABER, FLORA JO

909 SOUTH 9TH STREET

LEESBURG, FL.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

EFFECTIVE JANUARY 1, 1987, A REGISTERED AGENT AND AN ADDITIONAL FEE OF \$3 IS REQUIRED

FLORA JO HABER

GENERAL PARTNER

12/9/86

(904) 787-6700

Flora Jo Haber

Flora Jo Haber

11th

December

Notary Public, State of Florida



Florida Department of State, George Firestone, Secretary of State

A09975

1987 7/22/87

3.00

LIMITED PARTNERSHIP REGISTERED AGENT DESIGNATION

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 620.105, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT HIGHLAND APARTMENTS, LTD II
(Name of Limited Partnership)

WITH ITS PLACE OF BUSINESS AT P O Drawer "C", Leesburg, FL 32748
(Business Address, City & State)

HAS NAMED Flora Jo Haber
(Name of Registered Agent)

LOCATED AT 2503 South Street, Leesburg, FL 32748
(Street Address and Number of Building,
Post office Box Addresses ARE NOT Acceptable)

CITY OF Leesburg, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Flora Jo Haber
(General Partner)

DATE 6-23-87

Having been named to accept Service of Process for the above stated Limited Partnership, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 620.192 Florida Statute.

SIGNATURE Flora Jo Haber
(Registered Agent)

DATE 6-23-87

FILED
JUL 20 10 40 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SD

(NOTE: There is a filing fee of \$3.00 for this certificate.)

LIMITED PARTNERSHIP
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
87 DEC 18 PM 2:54

Read Instructions on Other Side Before Making Entries
Filing Fee Required — Make Checks Payable To: Department of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Partnership		2. Exact Change of Address of Limited Partnership	
AC9975 HIGHLAND APARTMENTS, LTD. II POST OFFICE DRAWER C LEESBURG, FL. 32748		Using Address P O Box 950 Principal Street Address 1107 S. 9th Street City Leesburg State FL, Zip Code 32749-0950	
* Mailing Address is preferred in any case after the address is given. Include Zip Code.			

3. Date Partnership To Do Business in Florida 01/26/1981	4. State of Country of Formation FLORIDA
Amount of Capital Contribution \$ 900.00*	
CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS ONLY AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE.	
Filing fee is figured at the rate of \$4.70 per hundred on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$30.00 nor more than \$250.00. For questions concerning capital contribution fee or filing fees please call (904) 437-6253. Please submit your 1988 Annual Report with a remittance of U.S. Dollars payable to per at a financial institution located in the U.S.	

FOR FISCAL USE ONLY

12/23/87 00018 996
LIMITED PARTNERSHIPS 8219 8
LTD PARTNERSHIP 30.00
=====

TOTAL	30.00
-------	-------

Name of General Partner	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City and State
HABER, FLORA JO	903 SOUTH 9TH STREET	LEESBURG, FL

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION	OFFICE USE ONLY
Name and Address of Registered Agent HABER, FLORA JO 2003 SOUTH STREET LEESBURG, FL	Document Expiration 1/5
	Update 1/5
	Update Change 1/5
Zip Code LEESBURG, FL	Filing Fee 30

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Signature <i>Flora Jo Haber</i>	Date 12-14-87
Name of Partner Flora Jo Haber	Telephone Number 904/787-6700
Position General Partner	

DATE 14th MONTH December 1987

ATTEST: My duties and responsibilities require me to verify the accuracy of the information furnished in this filing. I have examined the records and data on which the information contained in this filing is based and I find it to be true and correct.

Signature: *Flora Jo Haber*

Signature: *William J. ...*

File Now! Due on or before January 1, 1989

LIMITED PARTNERSHIP
ANNUAL REPORT

1989



FLORIDA DEPARTMENT OF STATE
JAN BRICH
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED

OCT 17 2 07 PM '88

Read Instructions on Other Side Before Making Entries
Filing Fee Required—Make Checks Payable To: Department of State

1. Name and Mailing Address of Limited Partnership
**A09975
HIGHLAND APARTMENTS, LTD. II
POST OFFICE BOX 950
1107 S. 9TH ST.
LEESBURG, FL. 32749**

2. Enter Change of Address of Limited Partnership
Mailing Address
Principal Street Address
City
State
Zip Code

3. Date Registered in Or. Business in Florida
01/26/1981

4. State or Country of Formation
FLORIDA

5. Total Capital Contributions as Shown on Record
\$900.00*

6. Total Amount of Cash Contributions

FOR FISCAL USE ONLY
10/17/88 00175 003
LIMITED PARTNERSHIPS AR 3
LTD PARTNERSHIP 30.00

Filing fee is figured at the rate of \$4.00 per individual or limited liability partnership and \$10.00 per partnership or trust. For questions concerning filing fees, contact the Department of State, Division of Corporations, 1111 North Florida Avenue, Tallahassee, Florida 32304. *Contributions of property other than cash are valued at the fair market value as of the date of contribution.

Name of General Partner	Address of Each General Partner (Do NOT Use P.O. Office, Apt. Numbers)	TOTAL City and State
HABER, FLORA JO	900 SOUTH BURNING 300 West Dixie Ave.	LEESBURG, FL.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION	OFFICE USE ONLY
Name and Address of Registered Agent HABER, FLORA JO 900 SOUTH BURNING 300 West Dixie Ave	Agent Number
City and State LEESBURG, FL	Filing Fee
Zip Code 3274800000	

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Signature of Registered Agent: *Flora Jo Haber*
Date: 10/8/88
Print Name of Signer: Flora Jo Haber
Title: General Partner
Telephone Number: 904/787-6700

STATE OF Florida COUNTY OF Lake
BEFORE ME, the day of October, 1988, I, the undersigned, a Notary Public for the State of Florida, do hereby certify that the foregoing is a true and correct copy of the original document filed with me for recording.
WITNESS MY HAND AND SEAL OF OFFICE this 8th day of October, 1988.
My commission expires _____
Catherine J. Lyman

File Now! Due on or before January 1, 1990

LIMITED PARTNERSHIP
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jeff Bell
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
1989 OCT 15 PM 8 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Filing Fee Required—Make Checks Payable To: Department of State

A09975
HIGHLAND APARTMENTS, LTD. II
POST OFFICE BOX 950
1107 S. 9TH ST.
LEESBURG, FL. 32749-0950

1. Exact Change of Address of Limited Partnership
2. Mailing Address
P O Box 490950
3. Physical Street Address
300 West Dixie Ave.
4. City
Leesburg
5. State
Florida
6. Zip Code
32749-0950

FOR FISCAL USE ONLY

1. Date of Report
01/26/1991
2. Report Period
5900.00

3. Report Made in
FLORIDA

59-2069957

10/25/89-001
LIMITED PARTNERSHIP
LTD. PARTNERSHIP

TOTAL

HABER, FLORA JO

~~XXXXXXXXXXXXXXXXXXXX~~
300 West Dixie Ave

LEESBURG, FL.

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

OFFICE USE ONLY

HABER, FLORA JO
~~XXXXXXXXXXXXXXXXXXXX~~ 300 West Dixie Ave
LEESBURG, FL ~~XXXXX~~0000 34748

Handwritten initials and date
10/12/89

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

Flora Jo Haber
Flora Jo Haber : General Partner 10/12/89
904/787-6700

Handwritten signatures and notes
Victor
Mathew
37

File Now! Due on or before January 1, 1991

LIMITED PARTNERSHIP ANNUAL REPORT 1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1990 DEC 10 PM 3:19

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable to: Department of State

1. Name and Mailing Address of Limited Partnership

A09975
HIGHLAND APARTMENTS, LTD. II
POST OFFICE BOX 490950
300 W. DIXIE AVE.
LEESBURG, FL. 32749-0950

If above address is incorrect in any way enter the address in item 2, include Zip Code

2. Enter Change of Address of Limited Partnership Mailing Address

Principal Street Address

City

State

Zip Code

3. Date Registered to Do Business in Florida
01/26/1981

4. State or Country of Formation
FLORIDA

FOR FISCAL USE ONLY

5a. Anticipated Capital Contributions as Shown on Record
\$900.00

5b. Actual Amount of Capital Contributions

12/11/90-00127-005

LTD PARTNERSHIP

TOTAL

TOTAL

Filing fee is figured at the rate of \$7.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than \$52.50 nor more than \$437.50. For questions concerning capital contributions or filing fees please call (904) 487-6056. Please submit your 1991 Annual Report with a remittance of U.S. Dollars payable at par to a financial institution located in the U.S.

7. Federal Employer Identification Number
59-2069957

8. FEI Number Applied For
FEI Number Not Applicable

\$0.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS

Name and Business Address of Each General Partner

Table with 3 columns: Names of General Partner(s), Address of Each General Partner(s), City and State. Entry: HABER, FLORA JO, 300 W. DIXIE AVE., LEESBURG, FL.

RLP 12/10/90

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

10. Name and Address of Current Registered Agent

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

11. Name and Address of Last Registered Agent

Name

Street Address 1 (Do NOT Use PO Box Number)

Street Address 2 (Do NOT Use PO Box Number)

City and State

FL

Zip Code

12. Pursuant to the provisions of Sections 620, 6051 and 620.192 Florida Statutes, the above-named Limited Partnership was organized or registered under the laws of the State of Florida, subject to 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, FS.

SIGNATURE (Registered Agent Accepting Appointment) Flora Jo Haber DATE 11-27-90

I certify that the information disclosed on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am General Partner of the Limited Partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, FS.

SIGNATURE Flora Jo Haber DATE 11-27-90

Title (Name of General Partner Signing Form) Flora Jo Haber Telephone Number 904/787-6700

14. STATE OF Florida COUNTY OF Lake

BEFORE ME this day personally appeared Flora Jo Haber, and being duly sworn, depose and say that she is the General Partner of the Limited Partnership of the above-named Limited Partnership and that she is the person who executed the foregoing report as required by Chapter 620, FS.

WITNESS MY HAND AND SUBSCRIBED before me this 27th day of November 1990. Catherine J. Hyman

File Now! Due on or before January 1, 1992

LIMITED PARTNERSHIP ANNUAL REPORT 1992



FLORIDA DEPARTMENT OF STATE JIM SMITH Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

1991 DEC -5 AM 4:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Read instructions on Other Side Before Making Entries. Filing Fee Required—State Checks Payable To: Department of State

1. Mailing Address DOCUMENT # A09975

HIGHLAND APARTMENTS, LTD. II POST OFFICE BOX 490950 300 W. DIXIE AVE. LEESBURG, FL.

22748-0850

2. Enter Change of Address of Limited Partnership Mailing Address

Principal Street Address

City

State

Zip Code

34748-0850

3. Date of Business Report

01/26/1981

4. State or Country of Formation

FLORIDA

5a. Amount of Capital Contribution

\$900.00

5b. Actual Amount of Capital Contribution in Florida

6. Reporting fee of \$100.00... Please submit your 1992 Annual Report with a remittance of U.S. Dollars payable to the appropriate institution located in the U.S. State Bank Capital to Florida 01/2/92

7. Telephone Number 59-2069957

8. Name and Business Address of Each General Partner

FOR FISCAL USE ONLY

12/05/81 - 00163 - 0001 L/P PAR'S 82,00 LTD PARTNERSHIP

Additional fee required for a Certificate of Status

CERTIFICATE OF STATUS

Name of General Partner

Address of Each General Partner (Do NOT use P.O. Box Number)

City and State

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.

REGISTERED AGENT INFORMATION

9. Name and Address of Current Registered Agent

HABER, FLORA JO 300 W. DIXIE AVE. LEESBURG, FL

10. Mailing and Address of New Registered Agent

Name

Street Address (Do NOT use P.O. Box Number)

Street Address (Do NOT use P.O. Box Number)

City and State

FL

Zip Code

34748

11. Signature of Registered Agent

Flora Jo Haber

Flora Jo Haber

DATE 12-02-91

Telephone Number 904/787-6700

12. Signature of Notary Public

Flora Jo Haber

December Nancy G. Jones

NOTARY PUBLIC, STATE OF FLORIDA BY COMMISSION EXPIRES 12/31/91

DUE ON OR BEFORE JANUARY 1, 1993 (NOTE NEW FILING FEE)

APPROVED

DO NOT WRITE IN THIS SPACE

FILED

1992 DEC 21 AM 9:39

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP

ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE

Jim Smyg
Secretary of State

DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries. Filing Fee Required - Make Checks Payable To: Department of State

1. Name of Filing Agent or other contact person: **DOCUMENT # A09975**
CAR-RT SORT ** CR04
HIGHLAND APARTMENTS, LTD. II
POST OFFICE BOX 490950
300 W. DIXIE AVE.
LEESBURG FL 34748

2a. Enter Change of Mailing Address

300 West Dixie Ave.

City and State

Zip Code

Leesburg, Fl.

34748

2b. Enter Principal Place of Business

300 West Dixie Ave.

City and State

Zip Code

Leesburg, Fl.

34748

2. If the filing agent is not the same as the person who provided the information and enter correct address in Block 3a

3. Date of Filing Agent's Appointment: **01/26/1981**

4. State of Current Filing: **FLORIDA**

5a. State Contribution as of Date of Report: **\$900.00***

5b. Amount of Capital Contribution in FLORIDA: **0.00**

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO S.620 193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN \$114.00 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1993 annual report with a check in U.S. funds and payable through a U.S. bank.

7. Filing Agent's Telephone Number: **59-2069957**

8. Filing Agent's License Number: **11122**

9. Additional Fee required for a Certificate of Status: **0.00**

10. Filing Agent's Signature: **FLORA JO HABER**

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

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

9. Name and Address of Filing Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

City

FL

Zip Code

10. If the filing agent is not the same as the person who provided the information and enter correct address in Block 3a

11. A GENERAL PARTNER THAT IS A CORPORATION OR LIMITED PARTNERSHIP MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

Name of General Partner(s)	Address of Each General Partner (Use P.O. Box Number if Applicable)	City and State	Common 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.

A General Partner must sign and signature must be notarized with seal requirement.

12. Signature of General Partner: **Flora Jo Haber** Date: **11-23-92** Telephone Number: **904-787-6700**

Flora Jo Haber
Flora Jo Haber

known to me

23

November

92

Nancy G. Jones

Lako

Florida

NOTARY PUBLIC STATE OF FLORIDA

Nancy G. Jones

1ST NOTICE. DUE ON OR BEFORE DECEMBER 31, 1993

APPROVED AND FILED

93 NOV 17 AM 9:00

1994



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of the corporation, partnership, or other business entity	1a. DOCUMENT # A09975	2. Principal office address
HIGHLAND APARTMENTS, LTD. II 300 WEST DIXIE AVENUE LEESBURG FL 34748		300 WEST DIXIE AVENUE LEESBURG FL 34748

3. FILING DATE	3a. Date of formation	4. State of incorporation	5a. Registered office address	5b. Amount of capital contribution
01/26/1991	12/21/1992	FL	\$900.00	\$ 900.00

6. THE BANK FINANCIAL REPORTS FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS AN ADDITIONAL FEE OF \$1.3875 PURSUANT TO § 607.193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN \$100.00. THE FILING FEE FOR THIS REPORT IS \$437.00 + \$139.75 = \$576.75. For questions concerning filing fees, please call (904) 487-6056.

7. FILING NUMBER	8.75 Additional Fee required for a Certificate of Status
592069957	

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

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

9. Name of Agent for the corporation

FL

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

11a. Name of the corporation, partnership, or other business entity	11b. Address	11c. Registered office address
HABER, FLORA JO	300 W. DIXIE AVE.	LEESBURG FL

A09975

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

Flora Jo Haber
FLORA JO HABER
 11-11-93
 904-787-6700

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

UNITED PARTNERSHIP
ANNUAL REPORT
1995



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
**1a. DOCUMENT #
A09975**

HIGHLAND APARTMENTS, LTD. II

Mailing Address: **300 WEST DOXE AVENUE
LEESBURG FL 34748**
Physical Office Address: **300 WEST DOXE AVENUE
LEESBURG FL 34748**

2. Tax Maping Agency Identification
Date Acquired
City, State & Zip
3. Date of Report
400001331414
2a. Tax Maping Agency Identification
11/17/94-01033-003
191.25-191.25

3. Date of Report to DO Business in FLORIDA: **01/26/1981**
3b. Date of Last Report: **11/17/1993**
4. State or County of Formation: **FL**

5a. Total Contributions as Shown in Report: **\$900.00**
5b. Amount of Capital Contributions in FLORIDA in 1995
6. FEIN Number: **59-2069957**

7. **\$8.75 Additional Fee required for a Certificate of Status**

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION, PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO § 607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$7.00 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent
**HABER, FLORA JO
300 W. DOXE AVENUE
LEESBURG FL 34748**

10. Name and Address of Registered Agent
Name: _____
Street Address (Not Box Number) and Acceptance: _____
State, City & Zip: _____
City: **FL**

10a. Pursuant to the provisions of sections 620.1031 and 620.1032, Florida Statutes, the above named limited partnership is required to file this report with the Department of State for the purpose of changing its registered office or agent or both in the office of the Secretary of State. Such change will not be effective until the Department of State is notified and a certificate of status is issued.

Signature of Registered Agent Accepting Appointment: _____

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

11. Name of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT use P.O. Box Number)	11b. City, State & Zip	11c. State
HABER, FLORA JO	300 W. DOXE 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 hereby certify that the information furnished with this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida. I understand that any false or misleading information furnished in this report may result in the revocation of the partnership's registration and may subject me to criminal and civil penalties. I understand that the Department of State is not responsible for the accuracy or completeness of the information furnished in this report.

SIGNATURE: *Flora Jo Haber*
FLORA JO HABER
Date: **11-9-94**
(904) 787-6700

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

UNITED PARTNERSHIP
ANNUAL REPORT
1996



DEPARTMENT OF STATE
Sandra Maxwell
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 NOV -7 PM 3:53

1. Name of Limited Partnership
HIGHLAND APARTMENTS, LTD. II

1a. DOCUMENT #
A09975

DO NOT WRITE IN THIS SPACE.

Main Office Address: **300 WEST DOXE AVENUE, LEESBURG FL 34748**
Principal Office Address: **300 WEST DOXE AVENUE, LEESBURG FL 34748**

1. If either addresses are incorrect in any way, file through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: **01/28/1981**
3a. Date of Last Report: **11/15/1994**
4. State or Country of Formation: **FL**

5a. Total Contributions as Shown Record: **\$900.00**
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number: **59-2068957**

7. CERTIFICATE OF STATUS REQUIRED
 Applied For
 Not Applied

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2) Supplemental Fee: \$138.75 (pursued in section 607.183, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$181.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
**HABER, FLORA JO
300 W. DOXE AVENUE
LEESBURG FL 34748**

10. If changed, new Registered Agent Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City, State & Zip
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 and I am familiar with and accept the obligations of section 620.102, Florida Statutes.

Signature of Registered Agent Accepting Appointment: _____ DATE: _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

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. DOXE AVE	LEESBURG FL	600001631788 -11/08/95--01048--025 ****200.00 ****200.00

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

12. I hereby certify that the information requested with this form is true and correct and does not constitute a violation of any law or regulation. I understand that the information supplied is deemed correct and true and I am familiar with and accept the obligations of section 620.102, Florida Statutes. I further certify that the information and data on this annual report is true and accurate and that my signature will have the same legal effects as if made under oath. I hereby certify that I am a General Partner of the limited partnership mentioned herein.

SIGNATURE: *Flora Jo Haber* DATE: *11-3-95*

CH25003 (1/95)