## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR)

## A09975 **DOCUMENT #**

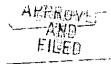
1. Entity Name HIGHLAND APARTMENTS, LTD. II



Principal Place of Business 300 WEST DIXIE AVENUE LEESBURG FL 34748

Mailing Address
300 WEST DIXIE AVENUE LEESBURG FL 34748





03 MAR 13 AM 8: 46

SEGRETARY-OF STATE TALLAHASSEE, FLORIDA



2. Principal P	lace of Business	3. Mailing Addre	3. Mailing Address			- I (1888) ION BRILD (AUST JAIN (ABB) CHR BIRD) BIRN BIRN BIRN BIRN BIRN BIRN BIRN GAN				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
		Cit. II State				4. FEI Number 59-2069957			Applied For	
City & State	e	City & State	City & State			59-2009957			Not Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of		×	Fee Req	Additional juired	
	6. Name and Address of Curr	rent Registered Agent			7. Name and A	ddress of New Re	egistered	Agent	<del>-</del>	
	O. Hamo dita Handi			Name						
HABER, FLORA JO 300 W. DIXIE AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
LEESBUR	G FL 34748									
- <del></del>				City		· ·	F	Zip	Code	
	named entity submits this statemen			W	torad agent, or both	in the State of Flo	_		with, and accept	
the obliga	signature, typed or printed name of registered						DATE			
9 Capital Contributions #000 00 10. Amount of Capital C				ibutions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT SEE REVERSE SIDE FOR FEE INFORMATION			DEPT. OF STATE IFORMATION		
	, W300101	ORIDA to date.	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
•	A GENERAL PARTN NOTE: General Partner	IER THAT IS A BUSI	NESS ENTITY N land on the form	MUSIBE HEG n: an amendm	ent must be filed					
	GENERAL PAR	RTNER INFORMATION	13			ADDRESS CH	ANGES C	NLY		
DOCUMENT #	OCIVE METALLINE			REET ADDRESS						
NAME	HABER, FLORA JO				SINCE! NDUILESS					
STREET ADDRESS				Y-ST-ZIP	8****n 1****	mund mad				
CITY-ST-ZIP	LEESBURG FL					<u>DD 1 3 1</u> 10301045-		**88	.75	
DOCUMENT #			STI	REET ADDRESS	17.21.17.21	00 04010				
NAME	,		,							
STREET ADDRESS CITY-ST-ZIP			Ch	ry-ST-ZIP		<del>onat</del>	<del>,</del>	acc	<del>io -</del>	
DOCUMENT #			ST	REET ADDRESS	n2/2	<del>ooo1</del> 3 8/03010	120	12 *	∗61.25 ×	
NAME				-						
STREET ADDRESS			CI	TY-ST-ZIP				_		
CITY-ST-ZIP		<u> </u>								
DOCUMENT#			ST	REET ADDRESS						
STREET ADDRESS	s		. cı	TY-ST-ZIP						
CITY-ST-ZIP					<u> </u>			<u>-</u> .		
DOCUMENT #	_		S	TREET ADDRESS				,		
NAME				<b> </b>						
STREET ADDRES CITY-ST-ZIP	S		C	ITY-ST-ZIP	<u>-</u>			141	<u>''97</u>	
E .	+			TREET ADDRESS				•	8.75	
NAME			,	THEET MUDICOS	· · · · · · · · · · · · · · · · · · ·				<del>20'57</del>	
DOCUMENT # NAME STREET ADDRES	s		С	ITY-ST-ZIP			1:-	سەر ب بىرى		
CITY-ST-ZIP	1	·					1.6. 41		at the information	

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

(352)787-6702

2/14/03

Daytime Phone #