

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016637 AT

**DOCUMENT # A09975**



1. Entity Name  
**HIGHLAND APARTMENTS, LTD. II**

APPROVED  
AND  
FILED  
  
03 MAR 13 AM 8:46  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2069957**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. **\$900.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>HABER, FLORA JO</b>	<b>300 W. DIXIE AVE.</b>	<b>LEESBURG FL</b>

STREET ADDRESS	CITY - ST - ZIP

000013179650  
03/13/03--01045--003 \*\*88.75

000013179650  
02/28/03--01012--012 \*\*61.25

141.25  
8.75  

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150.00

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

STAPLE CHECK HERE

CR2F003 (10/02)