



**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**


LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 SEP 11 PM 1:42  	
<b>1. Name of Limited Partnership</b>  HIGHLAND ASSOCIATES, LTD.		<b>1a. DOCUMENT #</b> <b>A18509</b>			
<b>Mailing Address</b> 1006 GROVE STREET CLEARWATER FL 34615x		<b>Principal Office Address</b> 1006 GROVE STREET CLEARWATER FL 34615x		<b>3. Date Formed or Registered</b> 12/11/1984 <b>3a. Date of Last Report</b> 09/13/1996 <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country 33755		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country 33755		<b>5a. Capital Contributions as Shown on record.</b> \$153,093.00 <b>5b. Amount of Capital Contributions in FLORIDA to date.</b> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b> 52-1421129 <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  BORTON, PAMELA K. 1006 GROVE STREET CLEARWATER FL 34615x 33755		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		400002292264--1 -09/12/97--01127--004 ***550.00 ***550.00 FL	

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, 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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

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

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
BANKS, ROBERT J.	33 N. GARDEN AVE., SU	CLEARWATER FL	
GLOECKL, KEITH J.	33 N. GARDEN AVE., SU	CLEARWATER FL	
MATHIS, RAY F.	33 N. GARDEN AVE., SU	CLEARWATER FL	
BORTON, PAMELA K.	1006 GROVE STREET	CLEARWATER FL	

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

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Pamela K. Borton DATE 9-8-97  
 Typed or Printed Name of General Partner Signing Form Pamela K. Borton, G.P. Daytime Telephone Number (813) 443-3251

CR2E003 (6/97)