

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

DOCUMENT # A18509	
1. Entity Name HIGHLAND ASSOCIATES, LTD.	

Principal Place of Business 1006 GROVE STREET CLEARWATER, FL 33755	Mailing Address 1006 GROVE STREET CLEARWATER, FL 33755
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2. Principal Place of Business	3. Mailing Address <i>P.O. Box 10293</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Clearwater, FL</i>
Zip	Zip <i>33757</i>
Country	Country <i>USA</i>



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number 52-1421129	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORTON, PAMELA K. 1006 GROVE STREET CLEARWATER, FL 33755	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

9. Capital Contributions as Shown on record. \$153,093.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	BANKS, ROBERT J.	STREET ADDRESS	
NAME	33 N. GARDEN AVE., SUITE 1200	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER, FL		
CITY-ST-ZIP			
DOCUMENT #	GLOECKL, KEITH J.	STREET ADDRESS	800031858918
NAME	33 N. GARDEN AVE., SUITE 1200	CITY-ST-ZIP	04/06/04--01020--020 **535.00
STREET ADDRESS	CLEARWATER, FL		
CITY-ST-ZIP			
DOCUMENT #	MATHIS, RAY F.	STREET ADDRESS	
NAME	33 N. GARDEN AVE., SUITE 1200	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER, FL		
CITY-ST-ZIP			
DOCUMENT #	BORTON, PAMELA K.	STREET ADDRESS	
NAME	1006 GROVE STREET	CITY-ST-ZIP	
STREET ADDRESS	CLEARWATER, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Pamela K. Borton, Pamela K. Borton G.Ptnr* *1/15/04* *727-443-3251*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE