

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # A18509

1. Entity Name
HIGHLAND ASSOCIATES, LTD.



Principal Place of Business
**1006 GROVE STREET
CLEARWATER, FL 33755**

Mailing Address
**P.O. BOX 10293
CLEARWATER, FL 33757**



01162006 No Chg-LP

GR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
52-1421129

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

**BORTON, PAMELA K.
1006 GROVE STREET
CLEARWATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BANKS, ROBERT J.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GLOECKL, KEITH J.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**MATHIS, RAY F.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**BORTON, PAMELA K.
1006 GROVE STREET
CLEARWATER, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1100000398865
01/31/06-80015-006 508.75

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-16-2006 727-595-1802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Use

Daytime Phone #