

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014757 AT

DOCUMENT # A02000000020

1. Entity Name
HIGHLANDS PROPERTIES OF SEBRING LIMITED, LLP



FILED
03 APR 30 AM 5:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
4105 LAFAYETTE AVENUE
SEBRING FL 33872

Mailing Address
4105 LAFAYETTE AVENUE
SEBRING FL 33872



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1160065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

THAKKAR, VINOD C
4105 LAFAYETTE AVENUE
SEBRING FL 33872

7. Name and Address of New Registered Agent

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]*
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$5,841,000.00

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 # L01000022404
NAME SEBRING MANAGEMENT, LLC
STREET ADDRESS 4105 LAFAYETTE AVENUE
CITY-ST-ZIP SEBRING FL 33872

STREET ADDRESS

CITY-ST-ZIP

200017348372

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03.14.03

Date

Daytime Phone #

CR2E003 (10/02)