

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001329

1. Entity Name
D & D HIGMAN ENTERPRISES, LTD.



Principal Place of Business
% DAVID A. HIGMAN
555 5TH AVENUE N.E. #943
ST. PETERSBURG, FL 33701

Mailing Address
% DAVID A. HIGMAN
555 5TH AVENUE N.E. #943
ST. PETERSBURG, FL 33701

2. Principal Place of Business

100 1st Ave S

Suite, Apt. #, etc.

315

City & State

St. Petersburg FL

Zip
33701

Country
USA

3. Mailing Address

100 1st Ave S

Suite, Apt. #, etc.

315

City & State

St. Petersburg FL

Zip
33701

Country
USA

04132004 Chg-LP CR2E003 (10/03)

4. FEI Number

51-0433316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIGMAN, DAVID A
555 5TH AVENUE N.E. #943
ST. PETERSBURG, FL 33701

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

400036287954
05/14/04--01007--023 **526.25

DATE

9. Capital Contributions
 as Shown on record.

\$3,500,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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 # **P97000004475**
 NAME **ISAAC ENTERPRISES, INC.**
 STREET ADDRESS **555 5TH AVENUE NE, #943**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

2004 APR 26 AM 9:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE