


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A02000001329		
1. Entity Name D & D HIGMAN ENTERPRISES, LTD.		

Principal Place of Business 880 21ST AVENUE N ST. PETERSBURG, FL 33704	Mailing Address 880 21ST AVENUE N ST. PETERSBURG, FL 33704
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162007 Chg-LP CR2E003 (12/06)

4. FEI Number 51-0433316	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HIGMAN, DAVID A 880 21ST AVENUE N ST. PETERSBURG, FL 33704		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000004475	STREET ADDRESS	
NAME	ISAAC ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	880 21ST AVENUE N		
CITY-ST-ZIP	ST. PETERSBURG, FL 33704		
DOCUMENT #		STREET ADDRESS	400000656505
NAME		CITY-ST-ZIP	03/14/07-80028-015 500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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 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: David A. Higman 2/20/07 722-822-8774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE