

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A02000001329

1. Entity Name

D & D HIGMAN ENTERPRISES, LTD.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16

Principal Place of Business
880 21ST AVENUE N
ST. PETERSBURG, FL 33704

Mailing Address
880 21ST AVENUE N
ST. PETERSBURG, FL 33704



04182008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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
880 21ST AVENUE N
ST. PETERSBURG, FL 33704

**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 title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

500128790655
05/08/08--01009--014 **500.00

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 # P97000004475
NAME ISAAC ENTERPRISES, INC.
STREET ADDRESS 880 21ST AVENUE N
CITY-ST-ZIP ST. PETERSBURG, FL 33704

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 6/6/2008 727-642-1051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #