


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A03000001824</b> 1. Entity Name <b>HIGGINBOTHAM PROPERTIES, LTD.</b>	
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**FILED**

2007 APR 11 AM 9:58



Principal Place of Business <b>3600 SW 23RD TERRACE, #A-1 GAINESVILLE FL 32608</b>	Mailing Address <b>P.O. BOX 141544 GAINESVILLE FL 32614-1544</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E003 (10/06)

4. FEI Number <b>41-3225990</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HIGGINBOTHAM, EDDIE J 3600 SW 23RD TERRACE, #A-1 GAINESVILLE FL 32608</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY ST ZIP	<b>HIGGINBOTHAM, EDDIE J 3600 SW 23RD TERRACE, #A-1 GAINESVILLE FL 32608</b>	STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>HIGGINBOTHAM DEVELOPMENT OF CENTRAL FLORID 3600 SW 23RD TERRACE A-1 GAINESVILLE FL 32608</b>	STREET ADDRESS CITY ST ZIP	
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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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:** Eddie J. Higginbotham **Eddie J. Higginbotham** 3-26-07 352-376-0071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE