


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

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

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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
08 APR 22 PM 3:14



1st MOORE		CR2E003 (10/07)	
4. FEI Number <b>41-3225990</b>		Applied For <input type="checkbox"/> 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>		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 date if applicable.

**FILE NOW!!! Fee is \$500.\*\*\* After May 1, 2008, 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 #		STREET ADDRESS	
NAME	<b>HIGGINBOTHAM, EDDIE J</b>		<b>P.O. Box 141544</b>
STREET ADDRESS	<b>3600 SW 23RD TERRACE, #A-1</b>	CITY-ST-ZIP	<b>GAINESVILLE, FL 32614-1544</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>HIGGINBOTHAM DEVELOPMENT OF CENTRAL FLORID</b>		<b>P.O. Box 141544</b>
STREET ADDRESS	<b>3600 SW 23RD TERRACE A-1</b>	CITY-ST-ZIP	<b>GAINESVILLE, FL 32614-1544</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>		
DOCUMENT #		STREET ADDRESS	
NAME			<b>300125272603</b>
STREET ADDRESS		CITY-ST-ZIP	<b>04/23/08--01019--013 **508.75</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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:** Eddie J. Higginbotham **Eddie J. Higginbotham** 3-19-08 352-538-0504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE