## 2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

CHECK

STAPLE

SIGNATURE:

SIGNATUR

AND

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0500000177 06 MAR 10 AM 8: 54 HIGHLAND CAPITAL INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 16180 BRIDLEWOOD CIRCLE 16180 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 02272006 CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 42~1657974 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Highland Capital Investments, HIGHLAND CAPITAL INVESTMENTS, LLC Street Address (P.O. Box Number is Not Acceptable) 777 Yamato Road 16180 BRIDLEWOOD CIRCLE DELRAY BEACH, FL 33445 Suite 300 City <u>Boca Raton</u> 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. Lam familiar with, and accept the obligations of registered afgen Garth Friesen, Manager 2/27/06 SIGNATURE Signature, typed or printed ha tered agent and title if applicable. DATE // FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 ADDRESS CHANGES ONLY L05000007495 DOCUMENT # STREET ADDRESS HIGHLAND CAPITAL INVESTMENTS, LLC NAME STREET ADDRESS 16180 BRIDLEWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH, FL 33445 <del>999968559100</del> DOCUMENT # 03/24/06--01005--014 \*\*508.75 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information cated 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 of the ereceiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes

Garth Friesen, Manager

561-544-4610

Daysme Phone #

February 27, 2006

Date