

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


APPROVED  
 AND  
 FILED

04 MAY -6 PM 5:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A13371**

1. Entity Name  
 HIGHLANDS LAKE, LTD.



Principal Place of Business  
 500 SOUTH FLORIDA AVE., SUITE 700  
 LAKELAND, FL 33801

Mailing Address  
 P.O. BOX 5252  
 LAKELAND, FL 33807


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01152004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 59-2249225 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, TIMOTHY F ESQ.  
 500 SOUTH FLORIDA AVE., SUITE 800  
 LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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.

9. Capital Contributions as Shown on record: \$26,550.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	616872	STREET ADDRESS	
NAME	CENTURY REALTY FUNDS, INC	CITY-ST-ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		
CITY-ST-ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	900037586479
NAME		CITY-ST-ZIP	06/03/04-01003--005 **286.50
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Kim S. Kelley* 4/30/04 863-647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Kim S. Kelley