


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 MAY -2 AM 10: 27
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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04262005 Chg-LP CR2E003 (10/03)

| | | |
|-----------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number 59-2249225 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |

| | | | |
|-------------------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CAMPBELL, TIMOTHY F ESQ. 500 SOUTH FLORIDA AVE., SUITE 800 LAKELAND, FL 33801 | | 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 # NAME STREET ADDRESS CITY-ST-ZIP | 616872 CENTURY REALTY FUNDS, INC 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |

500055187795
05/24/05 01033 023 **206.50

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 4/27/05 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
Kim S. Kelley