


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A18509 1. Entity Name HIGHLAND ASSOCIATES, LTD.					
Principal Place of Business 1006 GROVE STREET CLEARWATER, FL 33755			Mailing Address P.O. BOX 10293 CLEARWATER, FL 33757		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172005 Chg-LP CR2E003 (10/03)	
4. FEI Number 52-1421129				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		
BORTON, PAMELA K. 1006 GROVE STREET CLEARWATER, FL 33755			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$153,093.00		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		
STREET ADDRESS	BANKS, ROBERT J.		CITY-ST-ZIP		
CITY-ST-ZIP	33 N. GARDEN AVE., SUITE 1200 CLEARWATER, FL			000000230RM13 02/16/05-80003-011 535.00	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	GLOECKL, KEITH J.		CITY-ST-ZIP		
CITY-ST-ZIP	33 N. GARDEN AVE., SUITE 1200 CLEARWATER, FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MATHIS, RAY F.		CITY-ST-ZIP		
CITY-ST-ZIP	33 N. GARDEN AVE., SUITE 1200 CLEARWATER, FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BORTON, PAMELA K.		CITY-ST-ZIP		
CITY-ST-ZIP	1006 GROVE STREET CLEARWATER, FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					

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: Pamela K. Borton, Pamela K. Borton, Gen. Ptnr. 1/17/05 (727) 443-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA