

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 01, 2007 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

DO NOT WRITE IN THIS SPACE



07242007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

52-1421129

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORTON, PAMELA K.
1006 GROVE STREET
CLEARWATER, FL 33755

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BANKS, ROBERT J.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
GLOECKL, KEITH J.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MATHIS, RAY F.
33 N. GARDEN AVE., SUITE 1200
CLEARWATER, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
BORTON, PAMELA K.
1006 GROVE STREET
CLEARWATER, FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000771051
08/01/07-80002-022 508.75

**DO NOT WRITE
IN THIS SPACE**

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: *Pamela K. Borton* Pamela K. Borton, Gen Ptnr. 7/24/2007 727-443-3251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE