2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 DOCUMENT # A18509 HIGHLAND ASSOCIATES, LTD. Principal Place of Business Mailing Address 1006 GROVE STREET CLEARWATER, FL 33755 P.O. BOX 10293 CLEARWATER, FL 33757 DO NOT WRITE IN THIS SPACE 4. FEI Number 6. Name and Address of Current Registered Agent BORTON, PAMELA K. 1006 GROVE STREET CLEARWATER, FL 33755 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

FILED Feb 25, 2008 08:00 AN Secretary of State



01052008 No Chg-LP

CR2E003 (12/06)

52-1421129

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

Ω	. 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
ų,	. The above hambe child state ment of the parpose of onlying his registered where at registered eagers, or best in the circle of the	
	the obligations of registered agent.	
	the obligations of registered agent.	

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-2IP	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	

V00000838818 03/05/08-80046-006 508.75

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14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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

STAPLE CHECK HERE