

2002 UNIFORM BUSINESS REPORT (UBR)

0014145 AT

DOCUMENT # **A22620**

1. Entity Name
**HIGHLAND LAKES SHOPPING PLAZA LIMITED PARTNERSHI
 P**

Principal Place of Business Mailing Address
**325 S. GULFVIEW BLVD. 325 S. GULFVIEW BLVD.
 CLEARWATER FL 34630 CLEARWATER FL 34630**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2671309** Applied For
 Not Applicable

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

LF

FILED
 02 APR 15 PM 1:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

**OROSZ, EDITH
 325 SOUTH GULFVIEW BLVD
 CLEARWATER BEACH FL 34630**

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.

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

9. Capital Contributions as Shown on record. **\$693,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **G84864**
 NAME **AMERICANA EAST INVESTMENTS, INC.**
 STREET ADDRESS **325 S. GULFVIEW BLVD.**
 CITY-ST-ZIP **CLEARWATER FL**

STREET ADDRESS
 CITY-ST-ZIP

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 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: Clara Boldog **Clara Boldog** 4/10/02 727-545-7201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)