


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A22620

1. Entry Name
HIGHLAND LAKES SHOPPING PLAZA LIMITED PARTNERSHIP



Principal Place of Business: **325 S. GULFVIEW BLVD. CLEARWATER, FL 34630**

Mailing Address: **325 S. GULFVIEW BLVD. 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

03172004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2671309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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. 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: \$693,000.00	10. Amount of Capital Contributions in FLORIDA to date: _____
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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 #	G84864
NAME	AMERICANA EAST INVESTMENTS, INC.
STREET ADDRESS	325 S. GULFVIEW BLVD.
CITY - ST - ZIP	CLEARWATER, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

100000131019
 04/27/04-80001-024 528.25

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 Zaloga 04/10/04 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date City/State/Zip

STAPLE CHECK HERE