


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A22620

1. Entity 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03232005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-2671309

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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.

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 CITY - ST - ZIP	G84864 AMERICANA EAST INVESTMENTS, INC. 325 S. GULFVIEW BLVD. CLEARWATER, FL	STREET ADDRESS	
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 04/30/05-80032-013-526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19 07(3)(f), 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: *Olivia D. ...* Date: 4/18/05 Daytime Phone #: 727-595-7201