


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 10:42

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		3. Mailing Address
Suite, Apt. #, etc. 3705 Tampa Road - Route 1A		Suite, Apt. #, etc. 3705 Tampa Road - Route 1A
City & State Oldsmar, FL		City & State Oldsmar, FL
Zip 34677	Country USA	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
OROSZ, EDITH 325 SOUTH GULFVIEW BLVD CLEARWATER BEACH, FL 34630		Name -OROSZ, EDITH
		Street Address (P.O. Box Number is Not Acceptable)
		3705 Tampa Road - Route 1A
		City Oldsmar
		State FL
		Zip Code 34677
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 <u>Edith Orosz</u>		DATE <u>04/10/06</u>
Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00		
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 CITY - ST - ZIP
		3705 Tampa Road, Route 1A Oldsmar, FL 34677
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		700074078057 05/05/06--01045--002 **\$500.00
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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: <u>Clara Zaldog</u>		DATE <u>04/11/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <u>727-595-7201</u>

STAPLE CHECK HERE