


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A22620**  
 1. Entity Name  
**HIGHLAND LAKES SHOPPING PLAZA LIMITED PARTNERSHIP**



Principal Place of Business  
**3705 TAMPA ROAD, ROUTE 1A  
 OLDSMAR, FL 34677**

Mailing Address  
**3705 TAMPA ROAD, ROUTE 1A  
 OLDSMAR, FL 34677**



03082008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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  
 3705 TAMPA ROAD, ROUTE 1A  
 OLDSMAR, FL 34677**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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

DOCUMENT #	<b>G84864</b>
NAME	<b>AMERICANA EAST INVESTMENTS, INC.</b>
STREET ADDRESS	<b>3705 TAMPA ROAD, ROUTE 1A</b>
CITY-ST-ZIP	<b>OLDSMAR, FL 34677</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** *Clara Zarday* **3/14/08** **202-837-2536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #