

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014323 AT

DOCUMENT # A22620



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

FILED

03 APR 16 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

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

4/16

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2671309**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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
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.

500016089545
04/16/03--01013--009 **526.00

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

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	G84864 AMERICANA EAST INVESTMENTS, INC. 325 S. GULFVIEW BLVD. CLEARWATER FL
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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	

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/03
Date

Daytime Phone #

CR2E003 (10/02)

SIGNATURE LINE HERE