2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# A23454

Entity Name: HIGHLANDS PROPERTIES, LTD.

Current Principal Place of Business:

217 HILLCREST STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

217 HILLCREST STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-1928083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKSON, STEVEN E
217 HILLCREST ST.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:		
Name:	SPECTOR, S. DAVID M.D.	
Address:	217 HILLCREST STREET	Address:
City-St-Zip:	ORLANDO, FL 32801	City-St-Zip:
Document #:		
Name:	THOMPSON, PAUL A M.D.	
Address:	217 HILLCREST STREET	Address:
City-St-Zip:	ORLANDO, FL 32801	City-St-Zip:
Document #:		
Name:	ACCOLA, KEVIN D M.D.	
Address:	217 HILLCREST STREET	Address:
City-St-Zip:	ORLANDO, FL 32801	City-St-Zip:
Document #:		
Name:	PALMER, GEORGE J III MD	
Address:	217 HILLCREST STREET	Address:
City-St-Zip:	ORLANDO, FL 32801	City-St-Zip:
Document #:		
Name:	SAND, MARK E MD	
Address:	217 HILLCREST STREET	Address:
City-St-Zip:	ORLANDO, FL 32801	City-St-Zip:
Document #:		
Name:	SUAREZ, JORGE MD	
Address:	217 HILLCREST STREET	Address:
City-St-Zip:	ORLANDO, FL 32801	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL A. THOMPSON M.D. 04/24/2008

Electronic Signature of Signing General Partner — Date