

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A23454

FILED  
Apr 04, 2011  
Secretary of State

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:**

Document #:

Name: THOMPSON, PAUL A M.D.  
Address: 217 HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

Address:  
City-St-Zip:

Document #:

Name: ACCOLA, KEVIN D M.D.  
Address: 217 HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

Address:  
City-St-Zip:

Document #:

Name: PALMER, GEORGE J III MD  
Address: 217 HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

Address:  
City-St-Zip:

Document #:

Name: SAND, MARK E MD  
Address: 217 HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

Address:  
City-St-Zip:

Document #:

Name: SUAREZ, JORGE MD  
Address: 217 HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32801

Address:  
City-St-Zip:

I hereby 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.

GP

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date