



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A26738 1. Entity Name HIGHLAND PROPERTIES OF LEE AND COLLIER, LIMITED					
Principal Place of Business 2223 TRADE CENTER WAY NAPLES, FL 34109			Mailing Address 2223 TRADE CENTER WAY NAPLES, FL 34109		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2270549				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIESKY, JAMES H 1000 N. TAMiami TR. SUITE 201 NAPLES, FL 33940			7. Name and Address of New Registered Agent 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$5,233,907.00		10. Amount of Capital Contributions in FLORIDA to date. 1,727,981			
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		
NAME	HUBSCHMAN, SAMUEL		CITY-ST-ZIP		
STREET ADDRESS	2140 HAWKS RIDGE DRIVE, #1703		CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HUBSCHMAN, ALBERT		CITY-ST-ZIP		
STREET ADDRESS	525 SOLL STREET		CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BEYRENT, TERYL		CITY-ST-ZIP		
STREET ADDRESS	5147 SEAHORSE AVE.		CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	HUBSCHMAN, HARRISON		CITY-ST-ZIP		
STREET ADDRESS	6855 OLD BANYAN WAY		CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/27/04 239-566-2780 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE