

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005


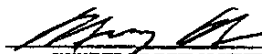
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032005 Chg-LP CR2E003 (10/03)

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|---|---|---|--|---|--|
| 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 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2270549 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 _____ DATE _____ <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. | | | |
| 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 | | |
| STREET ADDRESS | HUBSCHMAN, SAMUEL | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | 2140 HAWKS RIDGE DRIVE, #1703 NAPLES, FL 34105 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 700054034757 | |
| STREET ADDRESS | HUBSCHMAN, ALBERT | | CITY-ST-ZIP | 05/09/05--01006--026 **526.25 | |
| CITY-ST-ZIP | 525 SOLL STREET NAPLES, FL 34109 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | BEYRENT, TERYL | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | 5147 SEAHORSE AVE. NAPLES, FL 34103 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 101 CARICA ROAD | |
| STREET ADDRESS | HUBSCHMAN, HARRISON | | CITY-ST-ZIP | NAPLES, FL 34108 | |
| CITY-ST-ZIP | 6855 OLD BARRAN WAY NAPLES, FL 34109 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | 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:  | | | 4/5/05 239-566-2780 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER HARRISON HUBSCHMAN | | | Date Daytime Phone # | | |

STAPLE CHECK HERE