

2006 LIMITED PARTNERSHIP ANNUAL REPORT
• Due By May 1, 2006

FILED
Mar 20, 2006 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**



02252006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-2270549

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIESKY, JAMES H
1000 N. TAMiami TR.
SUITE 201
NAPLES, FL 33940**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1100000475769
04/05/06-80030-002 500.00

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 **HUBSCHMAN, SAMUEL**
STREET ADDRESS **2140 HAWKS RIDGE DRIVE, #1703**
CITY-ST-ZIP **NAPLES, FL 34105**

DOCUMENT #
NAME **HUBSCHMAN, ALBERT**
STREET ADDRESS **525 SOLL STREET**
CITY-ST-ZIP **NAPLES, FL 34109**

DOCUMENT #
NAME **BEYRENT, TERYL**
STREET ADDRESS **5147 SEAHORSE AVE.**
CITY-ST-ZIP **NAPLES, FL 34103**

DOCUMENT #
NAME **HUBSCHMAN, HARRISON**
STREET ADDRESS **101 CARICA ROAD**
CITY-ST-ZIP **NAPLES, FL 34108**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/06

Date

239-566-2780

Daytime Phone #

STAPLE CHECK HERE