

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 19, 2007 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



02012007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2270549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**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, 2007, Fee will be \$900.00

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	

U00000672973
03/29/07-80011-006 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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

HARRISON HUBSCHMAN

2/22/07

Date

239-566-2780

Daytime Phone #