

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32972

1. Entity Name
HIGH VISTA, LTD.



FILED
03 MAY -6 PM 8:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4890 W. KENNEDY BLVD., ~~STE. 850~~
TAMPA FL 33609-1863

Mailing Address
4890 W. KENNEDY BLVD., ~~STE. 850~~
TAMPA FL 33609-1863



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SUITE 920**

Suite, Apt. #, etc. **SUITE 920**

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3133353**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAY, JACK H
4890 W. KENNEDY BLVD., ~~STE. 850~~
TAMPA FL 33609-1863

Name

Street Address (P.O.)

City

F & L Corp.
The Greenleaf Building
200 Laura Street
Jacksonville, FL 32202-3510

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] **F&L Corp**
By: R.J. Wolfe, V.P. 4/28/03

DATE

9. Capital Contributions
as Shown on record. **\$589,161.00**

10. Amount of Capital Contributions
in FLORIDA to date. **1,58,011**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **V38039**
NAME **CANYON MESA, INC**
STREET ADDRESS **4890 W. KENNEDY BLVD., ~~STE. 850~~**
CITY-ST-ZIP **TAMPA FL 33609-1863**

STREET ADDRESS

CITY-ST-ZIP

SUITE 920

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STREET ADDRESS

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

424-03

(913) 286-4146

Date

Daytime Phone #

CR2E003 (10/02)

0013360 AT