


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A93000001156</b> 1. Entity Name HIGH POINT PARTNERS, LTD.					
Principal Place of Business 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308			Mailing Address 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOTTICE, H. JAY 2019 CENTRE POINTE BLVD., STE. 101 TALLAHASSEE, FL 32308				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. <b>\$100.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000077054			STREET ADDRESS	
NAME	HIGH POINT PARTNERS, INC.			CITY-ST-ZIP	
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101				
CITY-ST-ZIP	TALLAHASSEE, FL 32308				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3234450** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE

**SIGNATURE:**  **President**  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**John P. Mottice**

4/22/05 850-386-2117  
Date Daytime Phone #