

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

**FILED**

**06 MAY -1 PM 1:45**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



04222006 Chg-LP CR2E003 (11/05)

4. FEI Number 59-3234450 Applied For Not Applicable

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

**DOCUMENT # A93000001156**  
1. Entity Name  
HIGH POINT PARTNERS, LTD.



Principal Place of Business Mailing Address  
2019 CENTRE POINTE BLVD., STE. 101 2019 CENTRE POINTE BLVD., STE. 101  
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

2. Principal Place of Business 3. Mailing Address  
446 Conradi St. P.O. Box 12579  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
H107

City & State City & State  
Tallahassee, FL Tallahassee, FL  
Zip Country Zip Country  
32304 USA 32317 USA

6. Name and Address of Current Registered Agent  
MOTTICE, H. JAY  
2019 CENTRE POINTE BLVD., STE. 101  
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent  
Name John P. Mottice  
Street Address (P.O. Box Number is Not Acceptable)  
446 Conradi St., H107  
City Tallahassee FL Zip Code 32304

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]* President, High Point Partners, Inc., General Partner 4-26-06  
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**

**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 #	P93000077054	STREET ADDRESS	446 Conradi St, H107
NAME	HIGH POINT PARTNERS, INC.	CITY-ST-ZIP	Tallahassee, FL 32304
STREET ADDRESS	2019 CENTRE POINTE BLVD., STE. 101	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 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]* John P. Mottice, President, High Point Partners, Inc. 4-26-06  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

850-386-2117

STAPLE CHECK HERE