#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

# FILED Apr 30, 2007 08:00 AM Secretary of State

DOCU	<b>JENT</b>	#	A9300	00001	1156
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1. Entity Name HIGH POINT PARTNERS, LTD.



Principal Place of Business

446 CONRADI ST., H107 TALLAHASSEE, FL 32304 Mailing Address

P.O. BOX 12579

TALLAHASSEE, FL 32317



#### DO NOT WRITE IN THIS SPACE

02132007 No Chg-LP	CR2E003 (12/06)
4. FEI Number	Applied For
59-3234450	Applied For Not Applicabl
	S8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MOTTICE, JOHN P 446 CONRADI ST., H107 TALLAHASSEE, FL 32304

### DO NOT WRITE IN THIS SPACE

	<ul> <li>named entity submits this statement for the purpose of changing its registered office or requions of registered agent.</li> </ul>	jistered agent, or both, in the State of Florida. I am familiar with, and accept
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 RE NOTE: General Partners MAY NOT be changed on the form; an amend	
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P93000077054	

HIGH POINT PARTNERS, INC. STREET ADDRESS 446 CONRADI ST., H107 CITY-ST-ZIP TALLAHASSEE, FL 32304 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK NAME

U000000746535 05/16/07-80073-003 500.bo

## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 if 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

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

President, Itigh Point Pontours, Inc.