**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 2:27

**1.** Name of Limited Partnership

**HIGH PLATEAU, LTD.**

**1a.** DOCUMENT #
**A94000000527**

Mailing Address
ONE URBAN CENTER
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

Principal Office Address
ONE URBAN CENTER
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

**2.** Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

**2a.** Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

**3.** Date Formed or Registered
04/13/1994

**3a.** Date of Last Report
11/28/1995

**4.** State or Country of Formation
FL

**5a.** Capital Contributions as Shown on Record
$7,376,430.00

**5b.** Amount of Capital Contributions in FLORIDA to date
6143492

**6.** FEI Number
59-3242788
☐ Applied For
☐ Not Applicable

**7.** Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**8.** Make check payable to: Dept. of State (See reverse side for Fee Information)

**9.** Name and Address of Current Registered Agent

ROSS, SAMUEL K
ONE URBAN CENTER
4830 WEST KENNEDY BLVD., SUITE 740
TAMPA FL 33609

**10.** If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip Code

**10a.** Pursuant to the provisions of section(s) 620.1004 and 620.1905, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and I accept the obligations of, section 620.1905, Florida Statutes.

SIGNATURE (Registered Agent - Accepting Appointment) DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| **11.** Name(s) of General Partner(s) | **11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers) | **11b.** City, State & Zip Code | **11c.** Registration or Document Number |
|---|---|---|---|
| RICHLAND RANCHO VISTA, INC. | 4830 W. KENNEDY BLVD. | TAMPA FL 33609 | P94000028083 |

12-31

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is true and correct. I am aware that I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I understand the Division of Corporations' acceptance of this compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report complies with the applicable requirements of Section 620.1905(2), Florida Statutes, and that my signature shall have the same legal effect as if made under oath; I am a General Partner of the limited partnership or the agent of the partnership upon whom process may be served; all fees due under Chapter 620, Florida Statutes, have been paid; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE [signature] DATE 12-19-96

Typed or Printed Name of General Partner Signing Form: Dale A. West - Vice President of GP Daytime Telephone Number (813) 286-4140

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