## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400000527** 

DIVISION OF CORPORATIONS

98 DEC 30 AM 9: 58

HIGH PLATEAU, LTD.						
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		3. Date Formed or Registered 04/13/1994 3a. Date of Last Report 12/26/1997	5a. Capital Contributions as Shown on record. \$7,659,303.00		
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL 6. FEI Number 59-32427/38	5b. Amount of Capital Contributions in FLORIDA to date:  1777/936  Applied For Not Applicable		
City & State  Zip Country	City & State  Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required of State (See reverse side for fee information)		
9. Name and Address of Current F	tagletared Agent		10. If changed, new Registered	A ====1065==	+1-45a6.25	
ROSS, SAMUEL K ONE URBAN CENTER 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609  10a. Pursuant to the provisions of sections 620.1051 and 520.192, Florida Statutes, the above-name for the purpose of changing its registered office or registered agent, or both, in the State of Floridagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip J  Zip J  And Ilmited partnership organized or registered under the laws of the State of Florida, submits this statement rida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered				
A GENERAL PARTNER THAT I	S A CORPORATION LIMIT	TEN PART	INERSHIP OF OTHER	D BIIGIN	IESS ENTITY	
MUST	BE REGISTERED AND A	CTIVE WIT	TH THIS OFFICE.	יוופטם י	LLOS ENTITI	
11. Name(s) of General Partner(s)	Address of Each General Partne	r 441	City, State & Zip Code	11c.	Registration/ Document Number	
RICHLAND RANCHO VISTA, INC.  4830 W. KENNEDY BLVD.			TAMPA FL 33609		P94000028083	
			600002 -12/30 ****\$	 ア270 /9801 35.00	3960 089-024 ****535.00	

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

12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

Corporations from any liability of non-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 annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.