2001 UNIFORM BUSINESS REPORT (UBR)

000571 AF

DOCUMENT # A94000000527

1. Entity Name

HIGH PLATEAU, LTD.

FILED
01 MAY -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
4890 W. Kennedy Boulevard	4890 W. Kennedy Boulevard
Suite, Apt. #, etc. Suite #850	Suite, Apt. #, etc. Suite #850
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33609-1863 Country USA	Zip 33609-1863 Country USA

4. FEI Number 59-3242788 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, SAMUEL K ONE URBAN CENTER 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609	Name Street Address (P.O. Box Number is Not Acceptable) 4890 W. Kennedy Boulevard Suite #850 City Tampa FL Zip Code 33609-1863

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$7,771,936.00	10. Amount of Capital Contributions in FLORIDA to date.	7,771,936.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000028083 RICHLAND RANCHO VISTA, INC. 4830 W. KENNEDY BLVD., SUITE 740 TAMPA FL 33609	STREET ADDRESS CITY-ST-ZIP	4890 W. Kennedy Blvd., #850 Tampa, Florida 33609-1863
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300004287993---9
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CR2E003 (11/00)

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

SIGNATURE: SIGNATURE REQUIRED Samuel K. Ross — 4-25-2001 — 813-286-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #