2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013370 AT

DOCUMENT # A94000000527

1. Entity Name
HIGH PLATEAU, LTD.

FILED
03 APR 30 AM 5:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
4890 W. KENNEDY BLVD., ~~STE. 850~~	4890 W. KENNEDY BLVD., ~~STE. 850~~
TAMPA FL 33609-1863	TAMPA FL 33609-1863

4/30

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 920		Suite, Apt. #, etc. SUITE 920	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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

F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $7,771,936.00

10. Amount of Capital Contributions in FLORIDA to date. 3,475,521

11. MAKE CHECK PAYABLE TO FL. 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. 4890 W. KENNEDY BLVD., ~~STE. 850~~ TAMPA FL 33609-1863	STREET ADDRESS	SUITE 920
		CITY-ST-ZIP	~~300017544203~~ 04/30/03--01022--025 **535.00
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	~~04/30/03--01022--025 **535.00~~
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		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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] MCGUIRE Asst VP of GP 4-24-03 (813)286-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)