2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A94000000623

1. Entity Name
HAIGHT FAMILY INVESTMENTS, LTD.

FILED
04 MAY -5 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

Principal Place of Business	Mailing Address
4744 S. OCEAN BLVD #9 BOCA RATON FL 33487-5391	4744 S. OCEAN BLVD #9 BOCA RATON FL 33487-5391

2. Principal Place of Business: 9385 E. Maiden Ct.	3. Mailing Address: 9385 E. Maiden Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL	City & State: Vero Beach, FL
Zip: 32963 / Country: Indian Rvr.	Zip: 32963 / Country: Indian River

4. FEI Number: NO-T APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIGHT, CAROL B
4744 S. OCEAN BLVD T.N. 9
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Haight, Carol B.
Street Address (P.O. Box Number is Not Acceptable): 9385 E. Maiden Ct.
City: Vero Beach FL Zip Code: 32963

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: Carol B Haight, Managing Partner DATE: 3/29/04
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: $460,002.00

10. Amount of Capital Contributions in FLORIDA to date: 0

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 #		STREET ADDRESS	9385 E. Maiden Ct.
NAME	HAIGHT, CAROL B		
STREET ADDRESS	4744 S. OCEAN BLVD., T.N.9	CITY-ST-ZIP	Vero Beach, FL 32963
CITY-ST-ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
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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: Carol B Haight Managing Partner — Date: 3/29/04 — Daytime Phone #: 772-589-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER