

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 25 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A98000001880**



1. Entity Name  
**HIGHLAND POINTE, LTD.**

Principal Place of Business  
**800 NORTH HIGHLAND AVENUE, SUITE 200  
ORLANDO FL 32803**

Mailing Address  
**P.O. BOX 4961  
ORLANDO FL 32802-4961**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-2388748**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**B&C CORPORATE SERVICES OF CENTRAL FL, INC.  
390 NORTH ORANGE AVE., SUITE 1100  
ORLANDO FL 32801**

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. **\$320,100.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$320,100.00**

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
P98000062861	HIGHLAND POINTE, INC.	800 NORTH HIGHLAND AVENUE, SUITE 200	ORLANDO FL 32803

STREET ADDRESS	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

*By: Highland Pointe, Inc*

SIGNATURE: **SIGNATURE REQUIRED**

**4-18-03**

**407/297-1600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0000788 AV

STAPLE CHECK HERE