

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000043



1. Entity Name
HIGH NET INVESTORS, LIMITED

Principal Place of Business Mailing Address
1801 SOUTH FEDERAL HIGHWAY, SUITE 300 **1801 SOUTH FEDERAL HIGHWAY, SUITE 300**
DELRAY BEACH, FL 33843 **DELRAY BEACH, FL 33843**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0876258

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

BASCHKOFF, ERIC
1801 SOUTH FEDERAL HIGHWAY, SUITE 300
DELRAY BEACH, FL 33843

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

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

DATE

9. Capital Contributions
 as Shown on record. **\$8,000,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date

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

DOCUMENT # **V73487**
 NAME **CHAMPION COMMUNICATIONS, INC.**
 STREET ADDRESS **1801 SOUTH FEDERAL HIGHWAY, SUITE 300**
 CITY-ST-ZIP **DELRAY BEACH, FL 33843**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100000158621
05/07/04-80029-007-526.25

DOCUMENT #

NAME

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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CEO of GP

4/27/04 361 5667

STAPLE CHECK HERE