2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

May 16, 2005 08:00 AM Secretary of State DOCUMENT # A9900000043 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, Apr #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State Applied For 4. FEI Number 65-0876258 Not Applicable Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BASCHKOFF, ERIC Street Address (P.O. Box Number is Not Acceptable) 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 **DELRAY BEACH FL 33843** Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$8,000,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # V73487 STREET ADDRESS NAME CHAMPION COMMUNICATIONS, INC. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33843 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 05/16/05-80019-809 526.25 CHY-SI-ZIF CITY-ST-AP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP C114-ST-Z1P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath, that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

FILED