2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A99000001742

1. Entity Name HIGMAN LIMITED PARTNERSHIP



FILED Feb 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicab

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, MICHAEL 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608

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| 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

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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 / NAME STREET ADDRESS CITY-ST-ZIP | HIGMAN, JAMES C TRUSTEE 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | HIGHMAN, CAROL TRUSTEE 5346 S.W. 91ST TERRACE GAINESVILLE, FL 32608 |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

JAMAN JAMES H SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GI 31JAN 07

3523731178

Daytima Phone #