

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2004****DOCUMENT # B00000000017**1. Entity Name
HIGHLAND ASSOCIATES OF GEORGIA, L.P.

FILED

04 JUL -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04202004 Chg-LP CR2E003 (10/03)

Principal Place of Business 1900 THE EXCHANGE SUITE 180 ATLANTA, GA 34748		Mailing Address 1900 THE EXCHANGE SUITE 180 ATLANTA, GA 34748	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-6357465		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRY T. NEAL, P.A. 1330 W CITIZENS BLVD SUITE 701 LEESBURG, FL 34748		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$400,000.00		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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F97000001094 VANGUARD ASSOCIATES, INC. 1900 THE EXCHANGE SUITE 180 ATLANTA, GA 34748	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500039387295 07/19/04--01061--007 **526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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 its receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE:		4/20/04 770-955-8117	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

TIM O'NEILL, JR.

STAPLE CHECK HERE