

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 9:11

DOCUMENT # B00000000017 1. Entity Name HIGHLAND ASSOCIATES OF GEORGIA, L.P.					
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		Zip			
				01302006 Chg-LP CR2E003 (11/05)	
				4. FEI Number 58-6357465	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TERRY T. NEAL, P.A. 1330 W CITIZENS BLVD SUITE 701 LEESBURG, FL 34748				Name William S. Bathillo Street Address (P.O. Box Number is Not Acceptable) 23318 Oak Prairie Circle City Sorrento FL Zip Code 32776	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F97000001094		STREET ADDRESS		
NAME	VANGUARD ASSOCIATES, INC.		CITY - ST - ZIP		
STREET ADDRESS	1900 THE EXCHANGE SUITE 180				
CITY - ST - ZIP	ATLANTA, GA 34748				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS					
CITY - ST - ZIP					
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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4-14-06 Daytime Phone #: 770-955-8117		

STAPLE CHECK HERE