

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

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



02222007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-6357465

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BATTILLO, WILLIAM S  
23318 OAK PRAIRIE CIRCLE  
SORRENTO, FL 32776

**DO NOT WRITE  
IN THIS SPACE**

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 # F97000001094  
NAME VANGUARD ASSOCIATES, INC.  
STREET ADDRESS 1900 THE EXCHANGE SUITE 180  
CITY-ST-ZIP ATLANTA, GA 34748

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U00000760338  
05/25/07-80008-017 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/26/07

770-955-8117

STAPLE CHECK HERE