

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:29

DOCUMENT # B01000000400

1. Entity Name  
HIGHLAND BRANDON LIMITED PARTNERSHIP



Principal Place of Business  
201 N. NEW YORK AVE., SUITE 200  
WINTER PARK, FL 32789

Mailing Address  
6400 CONGRESS AVE., STE 2100  
BOCA RATON, FL 33487

2. Principal Place of Business  
495 N. Keller Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Maitland FL  
Zip 32751 Country USA

City & State  
Zip Country

02092005 Chg-LP CR2E003 (10/03)

4. FEI Number 75-2964458 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$6,374,000.00

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

DOCUMENT # F01000005555  
NAME TCR HIGHLAND, INC.  
STREET ADDRESS 2001 BRYAN STREET, SUITE 3700  
CITY-ST-ZIP DALLAS, TX 75201

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13. ADDRESS CHANGES ONLY

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100049298231  
03/28/05--01074--007 \*\*526.25

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE *Haiderul Assistant*

2.14.05 561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Secretary of HP