

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000369

1. Entity Name
HIGH POINT PLACE L.P.



Principal Place of Business
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON DE 19808

Mailing Address
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON DE 19808

2. Principal Place of Business
7750 TOWN CENTRE DR.
Suite, Apt. #, etc.
SUITE 100
City & State
BROADVIEW HTS, OHIO
Zip
44147
Country
USA

3. Mailing Address
7750 TOWN CENTRE DR.
Suite, Apt. #, etc.
SUITE 100
City & State
BROADVIEW HTS, OHIO
Zip
44147
Country
USA



MOORE CR2E003 (11/03)

4. FEI Number
20-0408508

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

Applied For
Not Applicable

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. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	L02000032253	STREET ADDRESS	
NAME	WEST FIRST LLC	CITY-ST-ZIP	
STREET ADDRESS	7750 TOWE CENTRE DRIVE		
CITY-ST-ZIP	BROADVIEW HEIGHTS OH 44147		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200036553292
05/18/04-01055-027 **141.25

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: 25 March 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JOSEPH CAMERATTA Date Daytime Phone #