2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # B0500000074

HIGH STREET PARTNERS, L.P.



Principal Place of Business

12802 TAMPA OAKS BOULEVARD

SUITE 405

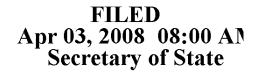
TAMPA, FL 33637

Mailing Address

12802 TAMPA OAKS BOULEVARD

SUITE 405

TAMPA, FL 33637





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CR2E003 (12/06)

4. FEI Number 52-2313413 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BARTOLETTA, JOHN 12802 TAMPA OAKS BOULEVARD **SUITE 405** TAMPA, FL. 33637

DO NOT WRITE IN THIS SPACE

| | The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent. | in the State of Fiorida. I am familiar with, and accept |
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| SI | GNATURE | · |
| | Claneline transfer printed come of repulsived econt and title if applicable | DATE |

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

GENERAL PARTNER INFORMATION 12. M05000000725 DOCUMENT # NAME HIGH STREET CAPITAL MANAGEMENT, LLC STREET ADDRESS 12802 TAMPA OAKS BLVD., SUITE. 405 CITY-ST-ZIP TAMPA, FL 33637 L DUMENT # REET ADDRESS Y-ST-ZIP CUMENT # ΜE BEET ADDRESS Y-ST-ZIP

U00000879796 04/15/08-80035-015 500.00

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

SÌGNATURÉ:

CUMENT # Æ EET ADDRESS -ST-ZIP UMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

I CHECK