

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000233

1. Entity Name
HIGH STREET FUTURES FUND, L.P.



FILED

2007 APR 11 AM 9:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 12802 TAMPA OAKS BLVD., SUITE 405
 TAMPA, FL 33637

Mailing Address
 12802 TAMPA OAKS BLVD., SUITE 405
 TAMPA, FL 33637



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LP CR2E003 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BARTOLETTA, JOHN
HIGH STREET CAPITAL MANAGEMENT, LLC
12802 TAMPA OAKS BLVD., SUITE 405
TAMPA, FL 33637

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

John Bartoletta, managing member
 Signature, typed or printed name of registered agent and title if applicable.

DATE

3-13-07

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M05000000725**
 NAME **HIGH STREET CAPITAL MANAGEMENT, LLC**
 STREET ADDRESS **12802 TAMPA OAKS BLVD., SUITE 405**
 CITY-ST-ZIP **TAMPA, FL 33637**

STREET ADDRESS

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: *John Bartoletta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

for High Street Capital

STAPLE CHECK HERE

813 410-2590