

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 17 AM 8:35

DOCUMENT # B06000000233

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



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

04032008

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-4255118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

JOHN BARTOLETTA
 MANAGING MEMBER OF GENERAL PARTNER
 HIGH STREET CAPITAL MANAGEMENT

4/9/08

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.

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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JOHN BARTOLETTA MANAGING MEMBER
 OF GENERAL PARTNER,
 HIGH STREET CAPITAL MGMT.

Date

Daytime Phone #

4/9/08 813-910-2500

STATE CHECK HERE