

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

97 DEC 30 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000501

HIGHLAND AVENUE ASSOCIATES, L.P.

Mailing Address

4 CATHEDRAL SQUARE, SUITE 1G  
PROVIDENCE RI 02903

Principal Office Address

4 CATHEDRAL SQUARE, SUITE 1G  
PROVIDENCE RI 02903

3. Date Formed or Registered

12/27/1996

5a. Capital Contributions as  
Shown on record.

\$1,000.00

3a. Date of Last Report

04/03/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

RI

6. FEI Number 06-1481142

~~APPLIED FOR~~

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.  
250 ROYAL PALM WAY, SUITE 300  
PALM BEACH FL 33480

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

PROPERTY ADVISORY GROUP, INC

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

4 CATHEDRAL SQUARE, S

11b. City, State & Zip Code

PROVIDENCE RI 02903

11c. Registry/  
Document Number

F94000004682

800002401908--7  
-01/15/98--01087--003  
\*\*\*\*156.25 \*\*\*\*156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Robert Gaudreau* V.P.

DATE December 29, 1997

Typed or Printed Name of General Partner Signing Form Robert Gaudreau, Vice President

Daytime Telephone Number (401) 453-4455 x 102

CR2ED03 (5/97)