FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 PM 2:45

1. Name of Limited Partnership

1a. DOCUMENT # B96000000501

HIGHLAND AVENUE ASSOCIATES, L.P.

Mailing Address	Principal Office Address
4 CATHEDRAL SQUARE SUITE 1G PROVIDENCE RI 02903	4 CATHEDRAL SQUARE SUITE 1G PROVIDENCE RI 02903

2. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

3. Date Formed or Registered
12/27/1996

3a. Date of Last Report
12/30/1997

4. State or Country of Formation
RI

5a. Capital Contributions as Shown on record
$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
06-1481142
☐ 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, new 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Number(s))	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
PROPERTY ADVISORY GROUP, INC	4 CATHEDRAL SQUARE, S	PROVIDENCE RI 02903	F94000004682

-02/03/99--01013--012
****141.25 ****141.25

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 Davidson DATE 1-28-99

Typed or Printed Name of General Partner Signing Form Robert R. Davidson

Daytime Telephone Number (401) 521-3538 x13

CR2E003 (8/99)