

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000501

1. Entity Name
HIGHLAND AVENUE ASSOCIATES, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 18 AM 11:43

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4 CATHEDRAL SQUARE, SUITE 1G
PROVIDENCE RI 02903**

Mailing Address
**4 CATHEDRAL SQUARE, SUITE 1G
PROVIDENCE RI 02903-3608**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
06-1481142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #	F94000004682
NAME	PROPERTY ADVISORY GROUP, INC.
STREET ADDRESS	4 CATHEDRAL SQUARE, SUITE 1G
CITY - ST - ZIP	PROVIDENCE RI 02903
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	300003240123
CITY - ST - ZIP	-05/04/00--01085--023
	****141.25 ****141.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED** *Robert Gaudreau* **4/14/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Robert Gaudreau

CR2E003 (9/99)