

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B96000000501**

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



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 24, 2003**

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

7. Name and Address of New Registered Agent

**ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET  
SUITE 400  
WEST PALM BEACH FL 33401-0000**

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

DATE

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

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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04/05/04-80062-002 141.25

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, 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, limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*[Signature]*  
**GUINER**

**2-28-04**

Date

Signature

STAPLE CHECK HERE

CR2-003 7/03