

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F06000003829**

1. Entity Name  
**HIGH STREET GLOBAL FUTURES FUND, LTD (INC)**



Principal Place of Business  
**C/O KAUFMAN ROSSIN FUND SERVICES, LLC  
2699 BAYSHORE DR  
MIAMI, FL 33133**

Mailing Address  
**12802 TAMPA OAKS BLVD STE 405  
TAMPA, FL 33637**



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HIGH STREET CAPITAL MANAGEMENT, LLC  
12802 TAMPA OAKS BLVD STE 405  
TAMPA, FL 33637**

**DO NOT WRITE  
IN THIS SPACE**

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**

(NOTE: Registered Agent signature required when reinstating)

**4/9/08**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BARTOLETTA, JOHN  
12802 TAMPA OAKS BLVD STE 405  
TAMPA, FL 33637**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMS, DAVE  
P.O. BOX 972 RIAD TOWN  
TORTOLA, BRITISH VIRGIN ISLS,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/29/08-80005-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

**JOHN BARTOLETTA, DIRECTOR**

**4/9/08**

**813-910-2500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #