2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED Feb 16, 2005 08:00 AM Secretary of State

DOCUMENT # A0000001541					Secretary of State
1. Entity Name HILLHO PARTNERS, LTD.					
Principal Plac	ce of Business	Mailing Address			-
2032 HILLVIEW STREET 2032 HILLVIEW STRE					ļ
SARASOTA,	FL 34239 <u> </u>	SARASOTA, FL 3423	19		
					
2. Principal Place of Business 3. Mailing Address)
Suite, Apt #, etc.		Suite, Apt. #, etc		· · · · · · · · · · · · · · · · · · ·	02042005 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number Applied For
Zip	Country	Zip	Coun	itry	65-1040063 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
	6 Name and Address of Current	Posistered Agent		1	Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
LAMBRECHT, WILLIAM G 200 S. ORANGE AVENUE			_	Street Address (P.O. Box Number is Not Acceptable)
	TA, FL 34236		=	·	16.
ı				City	□
O The sheet	and another the things are the second			J	FL Zip Code red agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.	the purpose of changing f	ts registere	ed dilico di Tegistei	ed agent, or boot, armie state privilida. Tammamilia witt, and accept
SIGNATURE	Signature, typed or printed name of registered agent of	and title if applicable.			DATE
9. Capital Contributions as Shown on record. \$3,425,000.00 - 10. Amount of Capital Contributions in FLORIDA to date.					
25 3110411			<u> </u>	UOT DE DECICE	TENER AND ASSIVE WITH THE STATE OF THE STATE
	NOTE: General Partners MA	Y NOT be changed on	the form	; an amendmen	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY
DÖCUMENT # NAME	H82239 PALMA SOLA ENTERPRISES, IN	IC.	STRE	ET ADDRESS	
STREET ADDRESS	2032 HILLVIEW STREET		CITY	-ST- ZIP	
CITY-ST-ZIP	SARASOTA, FL 34239	- 1	me. =	<u> </u>	
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CITY-ST ZIP	certify that the information supplied with	this filing does not qualify to			ction (10 07/2)(i) Florida Statutos I further equificulties that the information
Indicated the receiv	on this report is true and accurate and it er or trustee empowered to execute this	hat my signature shall have report as required by Cha	the same	legal effect as if mail lorida Statutes	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath, that I am a General Partner of the fimited partnership or