2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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FILED Mar 10, 2006 08:00 AM Secretary of State

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1. Entity Name
HILLHO PARTNERS, LTD.



Principal Place of Business

2032 HILLVIEW STREET SARASOTA, FL 34239 Mailing Address

2032 HILLVIEW STREET SARASOTA, FL 34239



02132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-1040063 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G 200 S. ORANGE AVENUE SARASOTA, FL 34236

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|--|--|---------------------|------------------|---|--|
| The above named entity submits this statement for the purpose of changing its retire obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title it applicable. | | istered office or r | egistered agent, | or both, in the State of Fords. 1 am familiar with, and escept. U00001145:2721 03/21/06-80043-023 508.75 | |
| | | | | 113721705-80043-023 508.75 | |
| | | | | DATE | |
| | FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0 | o : | | | |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f | | | | |
| 12. | GENERAL PARTNER INFORMATION | | | | |
| DOCUMENT # | H82239 | | | | |
| NAME | PALMA SOLA ENTERPRISES, INC. | | | | |
| STREET ADDRESS | 2032 HILLVIEW STREET | | | | |
| CITY-SI-ZIP | SARASOTA, FL 34239 | | | | |

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DOCUMENT # NAME SIREET ADDRESS CITY-\$T-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY - ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP THE MENTAL PORT NAME STREET ADDRESS CITY-ST-209

14. (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 is true and accurate and that my signature shall have the same legal effect as if made under path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes

SIGNATURE: _

MATURE AND STEED OF PRINTED NAME OF SIGNING GENERAL PARTNER

3-6-06

Daytime Phone #