

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

DOCUMENT # A02000001471

1. Entity Name  
HILL INVESTMENTS FAMILY LTD.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 14 AM 11:18

Principal Place of Business  
1101 MIRAMAR DRIVE  
INDIATLANTIC, FL 32903

Mailing Address  
1101 MIRAMAR DRIVE  
INDIATLANTIC, FL 32903



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01262006 Chg-LP CR2E003 (11/05)

4. FEI Number 04-3734562 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSER, GENE K  
C/O ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
96 GREENSPORN MARDER  
100 WEST CYPRESS CREEK ROAD  
TRADE CENTER SOUTH - SUITE 700  
City FT. LAUDERDALE FL Zip Code 33309

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #  
NAME GOULET, BARBARA  
STREET ADDRESS 1101 MIRAMAR DRIVE  
CITY-ST-ZIP INDIATLANTIC, FL 32903

STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

14. 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 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: Barbara Goulet 2/3/06 321-956-6635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE