

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A03000000534			
1. Entity Name HILYARD MANOR ASSOCIATES, LLLP			
Principal Place of Business 201 EAST DILIDO DRIVE MIAMI BEACH FL 33139		Mailing Address 201 EAST DILIDO DRIVE MIAMI BEACH FL 33139	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		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	
EDELSTEIN, AARON J 201 EAST DILIDO DRIVE MIAMI BEACH FL 33139		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as Shown on record. \$2,600,000.00		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 #	NAME	STREET ADDRESS	
NAME	EDELSTEIN, AARON J	CITY-ST-ZIP	
STREET ADDRESS	201 EAST DILIDO DRIVE		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	EDELSTEIN, BERNARD S	CITY-ST-ZIP	
STREET ADDRESS	1221 BISCAYA DRIVE		
CITY-ST-ZIP	SURFSIDE FL 33154		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	EDELSTEIN, AARON J TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	201 EAST DILIDO DRIVE		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
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CITY-ST-ZIP			
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. 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: <i>AJ Edelstein</i>		AARON J EDELSTEIN 4/26/04 305-532-5577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE