


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000534 1. Entity Name HILYARD MANOR ASSOCIATES, LLLP	
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Principal Place of Business 201 EAST DILIDO DRIVE MIAMI BEACH, FL 33139	Mailing Address 201 EAST DILIDO DRIVE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-1097235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDELSTEIN, AARON J 201 EAST DILIDO DRIVE MIAMI BEACH, FL 33139

**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

U000000530630

05/06/06 80007-022 500.00


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	
DOCUMENT #	
NAME	EDELSTEIN, AARON J
STREET ADDRESS	201 EAST DILIDO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	EDELSTEIN, BERNARD S
STREET ADDRESS	1221 BISCAYA DRIVE
CITY-ST-ZIP	SURFSIDE, FL 33154
DOCUMENT #	
NAME	EDELSTEIN, AARON J TRUSTEE
STREET ADDRESS	201 EAST DILIDO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
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STREET ADDRESS	201 EAST DILIDO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	EDELSTEIN, AARON J
STREET ADDRESS	201 EAST DILIDO DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **Aaron J. Edelstein** **X** **4/17/06** **30531-557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE