

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 29 AM 8:35

DOCUMENT # A03000001473

1. Entity Name
HILLCREST PARTNERS LIMITED PARTNERSHIP



Principal Place of Business
1701 S. FLORIDA AVE.
LAKELAND, FL 33803

Mailing Address
1701 S. FLORIDA AVE.
LAKELAND, FL 33803

2. Principal Place of Business

3. Mailing Address



03152004 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0134016
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, STEVEN A
101 E. KENNEDY BLVD., STE. 3700
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Stephen A. Moore, Jr.
Street Address (P.O. Box Number is Not Acceptable)
1701 S. Florida Ave.
City Lakeland FL Zip Code 33803

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

S.A. Moore, Jr.
General Partner

3-22-04

DATE

9. Capital Contributions
as Shown on record. \$50,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # L03000039179
NAME HILLCREST PARTNERS, LLC
STREET ADDRESS 1701 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND, FL 33803

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
800032717418
04/14/04--01015--010 **526.25

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

S.A. Moore, Jr.
General Partner

3-22-04

Date

863-904-1040

Daytime Phone #

STAPLE CHECK HERE