


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02022005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0134016	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, STEVEN A 1701 S. FLORIDA AVE LAKELAND, FL 33803	
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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 Avenue City Lakeland, FL Zip Code 33803	
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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  S. A. Moore, Jr. General Partner DATE 4-13-05	
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9. Capital Contributions as Shown on record. \$50,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 17,600,000.00
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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 #	L03000039179	STREET ADDRESS	
NAME	HILLCREST PARTNERS, LLC	CITY-ST-ZIP	
STREET ADDRESS	1701 S. FLORIDA AVE.		
CITY-ST-ZIP	LAKELAND, FL 33803		
DOCUMENT #		STREET ADDRESS	600054040866
NAME		CITY-ST-ZIP	05/09/05--01015--022 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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			
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SIGNATURE: 	S. A. Moore, Jr. General Partner	4-13-05	863-904-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #