
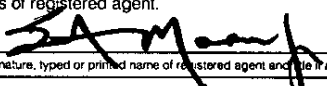



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:46

**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		
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 20-0134016	
				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				7. Name and Address of New Registered Agent	
MOORE, STEVEN A JR 1701 S. FLORIDA AVE LAKELAND, FL 33803				Name Moore, Stephen A., Jr.	
				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. S. A. Moore, Jr. SIGNATURE  General Partner 4-11-06 Signature, typed or printed name of registered agent and date if applicable. DATE					
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 #	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		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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: 			S. A. Moore, Jr. General Partner 4-11-06 863-904-1040 Signature and typed or printed name of signing general partner Date Daytime Phone #		



03142006 Chg-LP CR2E003 (11/05)

STAPLE CHECK HERE

400074695434
05/17/06--01003--021 **\$500.00