

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01162008 Chg-LP CR2E003 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0134016	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, STEVEN A JR 1701 S. FLORIDA AVE LAKELAND, FL 33803			7. Name and Address of New Registered Agent Name STEPHEN A. MOORE, 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. SIGNATURE S. A. MOORE, JR. DATE 1-16-08					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.		STREET ADDRESS	500116035815	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	01/25/08--01004--027 **500.00	
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CITY-ST-ZIP			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: STEPHEN A. MOORE, JR. DATE 1-16-08 DAYTIME PHONE # 863-688-4060					

STAPLE CHECK HERE