

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A03000001801**

1. Entity Name  
**HILDEBRAND PARTNERSHIP, LTD**



**FILED**

2004 SEP -8 P 2:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 2701 PONCE DE LEON BLVD  
 302  
 CORAL GABLES, FL 33134

Mailing Address  
 2701 PONCE DE LEON BLVD  
 302  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
**540 Biltmore Way**

3. Mailing Address  
**540 Biltmore Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004 Chg-LP CR2E003 (10/03)

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number  
**01-080-4493**

Applied For  
 Not Applicable

Zip Country  
**33134 USA**

Zip Country  
**33134 USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ADAMS, JOHN C**  
**2701 PONCE DE LEON BLVD** **540 Biltmore Way**  
**302**  
**CORAL GABLES, FL 33134**

Name

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$1,200,000.00**

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **L03000055472**  
 NAME **HILDEBRAND MANAGEMENT, LLC**  
 STREET ADDRESS **2701 PONCE DE LEON BLVD, STE. 302**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

STREET ADDRESS **540 Biltmore Way**  
 CITY-ST-ZIP **Coral Gables, FL 33134**

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 CITY-ST-ZIP

**600041326136**  
**09/24/04--01070--005 \*\*526.25**

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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: **CHARLOTTE HILDEBRAND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Charlotte Hildebrand*

Date

**(305) 448-9022**

Daytime Phone #

STAPLE CHECK HERE