

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 25 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232007 Chg-LP CR2E003 (12/06)

|  |                                      |                                |  |  |  |
|--|--------------------------------------|--------------------------------|--|--|--|
| <b>DOCUMENT # A05000001838</b><br>1. Entity Name<br>HILLSBOROUGH PROPERTY VENTURES, LTD.   |                                      |                                |  |  |  |
| Principal Place of Business<br>200 SOUTH BISCAYNE BLVD., SUITE 4900<br>C/O WHITE & CASE<br>MIAMI, FL 33131   |                                      |                                | Mailing Address<br>200 SOUTH BISCAYNE BLVD., SUITE 4900<br>C/O WHITE & CASE<br>MIAMI, FL 33131   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |                                      |                                | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State   |                                      |                                | City & State   |  |  |
| Zip  |                                      | Country                        |  | 4. FEI Number<br><b>APPLIED FOR</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                      | \$8.75 Additional Fee Required |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>LEVENSON, FREDERIC L<br>200 SOUTH BISCAYNE BLVD., SUITE 4900<br>C/O WHITE & CASE<br>MIAMI, FL 33131   |                                      |                                |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                      |                                |  |  |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2007, Fee will be \$900.00</b>   |                                      |                                |  |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                      |                                |  |  |  |
| 12. GENERAL PARTNER INFORMATION  |                                      |                                | 13. ADDRESS CHANGES ONLY   |  |  |
| DOCUMENT #   | L05000072912                         |                                | STREET ADDRESS   |  |  |
| NAME   | HILLSBOROUGH PROPERTY VENTURES, LLC  |                                | CITY-ST-ZIP  |  |  |
| STREET ADDRESS   | 200 SOUTH BISCAYNE BLVD., SUITE 4900 |                                | <div style="border: 1px solid black; padding: 5px;">           300101620373<br/>           05/04/07--01056--003 **1050.00         </div> |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33131                      |                                |  |  |  |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                      |                                | Date <u>4/16/07</u> (305) 446-0010   |  |  |

STAPLE CHECK HERE