


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 17 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A05974		
1. Entity Name HILLSBOROUGH ASSOCIATES, LTD		

Principal Place of Business 5011 JACKSON STREET HOLLYWOOD, FL 33021	Mailing Address % JAMES W. BRYAN 6550 N FEDERAL HWY STE 240 FORT LAUDERDALE, FL 33308 US
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2. Principal Place of Business 16800 SW 82 Avenue	3. Mailing Address Suite, Apt. #, etc.
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City & State Miami FL	City & State
Zip 33157	Country Miami, Dade



04222004 Chg-LP CR2E003 (10/03) 5/17

4. FEI Number 65-0197777	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 BRYAN, JAMES W 6550 N. FEDERAL HWY., #240 FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$29,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	FRIEDMAN, JAMES	STREET ADDRESS	16800 SW 82 Avenue
NAME	5011 JACKSON ST.	CITY-ST-ZIP	Miami, FL 33157
STREET ADDRESS	HOLLYWOOD, FL		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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: 	Date: 4/26/04	Daytime Phone #
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STAPLE CHECK HERE