


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 10 PM 4:07

<b>DOCUMENT #A10783</b> 1. Entity Name LEDER HILLSBORO COMPANY, LTD.					
Principal Place of Business 6530 W. ROGERS CIRCLE, #31 BOCA RATON, FL 33487			Mailing Address 6530 W. ROGERS CIRCLE, #31 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338			
Zip 		Country 		4. FEI Number 59-2180186	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LEDER, SAMUEL E. 6530 W. ROGERS CIRCLE, #31 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street / 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P02000078470		STREET ADDRESS	4755 Technology Way Ste. 202	
NAME	STJ MANAGEMENT INC.		CITY-ST-ZIP	Boca Raton, FL 33431-3338	
STREET ADDRESS	6530 W. ROGERS CIRCLE, #31				
CITY-ST-ZIP	BOCA RATON, FL 33487				
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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: <u>Sean Leder</u> <u>2/14/08</u> <u>561-995-7878</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					



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