


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:37

<b>DOCUMENT # A30977</b> 1. Entity Name HILL INVESTMENTS, LTD.			
Principal Place of Business 6010 POINTE WEST BOULEVARD BRADENTON, FL 34209		Mailing Address 6010 POINTE WEST BOULEVARD BRADENTON, FL 34209	
2. Principal Place of Business 6302 Riverview Blvd Suite, Apt. #, etc.		3. Mailing Address 6302 Riverview Blvd Suite, Apt. #, etc.	
City & State Bradenton, FL Zip 34209		City & State Bradenton, FL Zip 34209	
Country USA		Country USA	
4. FEI Number 65-0237766		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, GEOFFREY W. 6010 POINTE WEST BOULEVARD BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6302 Riverview Blvd City Bradenton FL Zip Code 34209	
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, 2006, 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 #	NAME	STREET ADDRESS	6302 Riverview Blvd
STREET ADDRESS	HILL, GEOFFREY W.	CITY - ST - ZIP	Bradenton, FL 34209
CITY - ST - ZIP	BRADENTON, FL	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
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CITY - ST - ZIP		STREET ADDRESS	
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DOCUMENT #	NAME	STREET ADDRESS	
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CITY - ST - ZIP		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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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:** *Geoffrey W Hill*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-22-06  
Date

941-792-1458  
Daytime Phone #