


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A32489			
1. Entity Name MANTEBURY OF HILLIARD LTD.			
Principal Place of Business 2578 OXFORD STREET HILLIARD FL 32046		Mailing Address 3111 PACES MILL ROAD, SUITE A-250 C/O HALLMARK GROUP ATLANTA GA 30339	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2321070		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERRY RD., STE. 1000 GAINESVILLE FL 32607		7. Name and Address of New Registered Agent	
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 <i>Signature, typed or printed name of registered agent and title if applicable</i>		DATE	
9. Capital Contributions as Shown on record \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.
— See Block 11 instructions for fee info.

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 #	M03000001595	STREET ADDRESS	
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC	CITY-ST-ZIP	
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250		
CITY-ST-ZIP	ATLANTA GA 30339		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

02/09/05-80064-008 150.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Martina Petersen **Martina Petersen** 02/05 984 2106