

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
07 JUL 12 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001711

1. Entity Name
HTV ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
801 INTERNATIONAL DRIVE
SUITE 110
LINTHICUM, MD 21090

Mailing Address
801 INTERNATIONAL DRIVE
SUITE 110
LINTHICUM, MD 21090

BK



07052007 No Chg-LP CR2E003 (12/06)

4. FEI Number
05-0486115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # A94000001709
NAME HILLTOP PARTNERS, L.P.
STREET ADDRESS 801 INTERNATIONAL DRIVE, SUITE 110
CITY-ST-ZIP LINTHICUM, MD 21090

DOCUMENT #
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CITY-ST-ZIP

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07/12/07 01024 020 ***1450.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter Siegel VP

7/6/07

(407)234-0111

Date

Daytime Phone #

STAPLE CHECK HERE